## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED DOCUMENT # L05000101659 Jul 22, 2008 08:00 AM Secretary of State 1. Entity Name HOUSH DAVIS TRIDENT, LLC Principal Place of Business Mailing Address 7800 UNIVERSITY DRIVE 7800 UNIVERSITY DRIVE SUITE 200 SUITE 200 FT. MYERS, FL 33907 FT. MYERS, FL 33907 A STATE OF THE STA 07162008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-3663456 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JURSINSKI, KEVIN F 7800 UNIVERSITY DRIVE SUITE 200 IN THIS SPACE FT. MYERS, FL 33907 18. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept . the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. 9. MANAGING MEMBERS/MANAGERS MGRM TITLE DOTI, DAVID NAME STREET ADDRESS 300 NORTH FRUITRIDGE AVENUE TERRE HAUTE, IN 47803 CITY-ST-ZIP TITLE U00000955907 NAME 07/22/08-80011-005 143.75 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this fitting does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED WASE OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS CITY-ST-ZIP#-