

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2006 8:00 am**  
**Secretary of State**

03-22-2006 90293 045 \*\*\*\*\*55.00

**DOCUMENT # L05000119915**

1. Entity Name

TRINITY 1ST OUTDOOR SCAPES, LLC



Principal Place of Business

3815 59TH AVENUE CIRCLE EAST  
ELLENTON FL 34222

Mailing Address

3815 59TH AVENUE CIRCLE EAST  
ELLENTON FL 34222

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 797

Suite, Apt. #, etc.

City & State

ELLENTON, FL 34222

Zip

34222

Country

USA

4. FEI Number

204100668

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

O'DONNELL, BRIAN J  
3815 59TH AVENUE CIRCLE EAST  
ELLENTON FL 34222

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 obligation of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent (and title if applicable)

(NOTE: Registered Agent signature required when terminating)

DATE

BRIAN J. O'DONNELL

3-7-06

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT - MANAGING MEMBER  
BRIAN J. O'DONNELL  
SAME AS ABOVE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP-MEMBER  
VICTORIA A. O'DONNELL  
SAME AS ABOVE ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
- ☐ Delete

TITLE  
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TITLE  
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10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

BRIAN J. O'DONNELL

3-7-06

941 779 8524