

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002273

FILED
Apr 19, 2007
Secretary of State

Entity Name: TRINITY TRUST LLC

Current Principal Place of Business:

2790 INDIANOLA ROAD
SAINT CLOUD, FL 34772 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 701335
SAINT CLOUD, FL 34770 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GRAVES, ANN C
2790 INDIANOLA ROAD
SAINT CLOUD, FL 34772 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: GRAVES, ANN C
Address: 2790 INDIANOLA ROAD
City-St-Zip: SAINT CLOUD, FL 34772 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ANN C. GRAVES

MGR

04/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date