**FILED**
**Apr 26, 2007 8:00 am**
**Secretary of State**
03-21-2007 90164 011 ****50.00

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000010913

1. Entity Name
TRIVESTA, LLC

30005814

| Principal Place of Business | Mailing Address |
|---|---|
| 1501 S. ALEXANDER ST<br>STE 101<br>PLANT CITY, FL 33563 US | PO BOX 3566<br>PLANT CITY, FL 33563 US |

03012007 Chg-LLC CR2E083 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| 1507 S. Alexander St | P.O. Box 3566 |
| Suite, Apt. #, etc.: Suite 103 | Suite, Apt. #, etc.: |
| City & State: Plant City, FL | City & State: Plant City, FL |
| Zip: 33563 Country: | Zip: 33563 Country: |

4. FEI Number: 20-5999212 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MCGRATH, GAIL C<br>~~1501 S. ALEXANDER ST~~<br>~~STE 101~~<br>PLANT CITY, FL 33563<br>1507 S. Alexander St.<br>Suite 103<br>Plant City, FL 33563 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $50.00**
**Due by May 1, 2007**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM Pres.<br>MCGRATH, GAIL C<br>~~1501 S. ALEXANDER ST STE 101~~<br>PLANT CITY, FL 33563 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Managing Member ☒ Change ☐ Addition<br>1507 S. Alexander St..Ste 103 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member S/T<br>Davis, Aaron M<br>1507 S. Alexander St., Suite 103<br>Plant City, FL 33563 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member V/P<br>Davis, Nathan D<br>1507 S. Alexander St., Suite 103<br>Plant City, FL 33563 ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Member ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |

11. I hereby certify that the information supplied with this filing 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 Gail C. McGrath 3/16/07 813-747-1128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #