

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000011853

FILED
Jan 26, 2009
Secretary of State

Entity Name: TRINITY - DAVENPORT, LLC

Current Principal Place of Business:

1598 LOCKMEADE PLACE
OLDSMAR, FL 34677

New Principal Place of Business:

Current Mailing Address:

1598 LOCKMEADE PLACE
OLDSMAR, FL 34677

New Mailing Address:

1598 LOCKMEADE PLACE
OLDSMAR, FL 34677 US

FEI Number: 20-4240047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHEAR, ROBERT L
2650 MCCORMICK DRIVE, SUITE 130
CLEARWATER, FL 33759 US

Name and Address of New Registered Agent:

DAVID PIELAK
1598 LOCKMEADE PLC
OLDSMAR, FL 34677 US

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: DAVID PIELAK

01/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRP () Delete
Name: PIELAK, DAVID C
Address: 1598 LOCK MEADE PL
City-St-Zip: OLDSMAR, FL 34677

Title: MGR () Delete
Name: PIELAK, ELEANOR
Address: 1598 LOCK MEADE PL
City-St-Zip: OLDSMAR, FL 34677

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

ADDITIONS/CHANGES:

Title: MGRP (X) Change () Addition
Name: PIELAK, DAVID C DAVID P
Address: 1598 LOCK MEADE PL
City-St-Zip: OLDSMAR, FL 34677 US

Title: MGR (X) Change () Addition
Name: PIELAK, ELEANOR D DAVID P
Address: 1598 LOCK MEADE PL
City-St-Zip: OLDSMAR, FL 34677 US

Title: DR. () Change (X) Addition
Name: PIELAK, DAVID C
Address: 1598 LOCKMEADE PLACE
City-St-Zip: OLDSMAR, FL 34677 US

Title: 1598 () Change (X) Addition
Name: PIELAK, DAVID C
Address: 1598 LOCKMEADE PLACE
City-St-Zip: OLDSMAR, FL 34677 US

Title: DR () Change (X) Addition
Name: PIELAK, DAVID C
Address: 1598 LOCKMEADE PLACE
City-St-Zip: OLDSMAR, FL 34677 US

Title: DR () Change (X) Addition
Name: PIELAK, DAVID
Address: 1598 LOCKMEADE PLACE
City-St-Zip: OLDSMAR, FL 34677 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID PIELAK

MGR

01/26/2009

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