

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012949

FILED
Apr 29, 2009
Secretary of State

Entity Name: TRINITY HOMES OF S.W. FLORIDA, LLC

Current Principal Place of Business:

5961 GOLDEN OAKS LANE
NAPLES, FL 341191215

New Principal Place of Business:

Current Mailing Address:

5961 GOLDEN OAKS LANE
NAPLES, FL 341191215

New Mailing Address:

FEI Number: 20-4360629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BICKFORD, KATHRYN
5961 GOLDEN OAKS LANE
NAPLES, FL 341191215 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: MGRM () Delete
Name: BICKFORD, KATHRYN
Address: 5961 GOLDEN OAKS LANE
City-St-Zip: NAPLES, FL 341191215

Title: MGR () Delete
Name: CUENYA, DANIEL O
Address: 5847 CHARITON WAY
City-St-Zip: NAPLES, FL 34119

Title: MGR () Delete
Name: THE TRINITY DEVELOPMENT GROUP, LTD. CO.
Address: 5961 GOLDEN OAKS LANE
City-St-Zip: NAPLES, FL 341191215

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CUENYA, DANIEL O
Address: 1791 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KATRYN BICKFORD

MGRM

04/29/2009

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