

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000026854

FILED  
Feb 16, 2007  
Secretary of State

**Entity Name:** TRINITY LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

4775 CO HWY 183N  
DEFUNIAK SPRINGS, FL 32433

**New Principal Place of Business:**

1667 HWY 183N  
DEFUNIAK SPRINGS, FL 32433

**Current Mailing Address:**

4775 CO HWY 183N  
DEFUNIAK SPRINGS, FL 32433

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

THOMAS, CRAIG M  
1667 HIGHWAY 83 NORTH  
DEFUNIAK SPRINGS, FL 32433      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: THOMAS, CRAIG M  
Address: 4775 CO HWY 183N  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGRM ( ) Delete  
Name: ISON, ROY M JR  
Address: 245 WINDHAM WAY  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

Title: MGRM ( ) Delete  
Name: SEIGLER, ROBERT L  
Address: 7450 COUNTY HWY 280 E  
City-St-Zip: DEFUNIAK SPRINGS, FL 32433

**ADDITIONS/CHANGES:**

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

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

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

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: CRAIG M THOMAS

MGRM

02/16/2007

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