


FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90039 009 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

60038492



DOCUMENT # L06000054901			
1. Entity Name TRINITY TOWN CENTER II, LLC			
Principal Place of Business 32801 US HIGHWAY 19 NORTH SUITE 100 PALM HARBOR, FL 34684		Mailing Address 32801 US HIGHWAY 19 NORTH SUITE 100 PALM HARBOR, FL 34684	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WHITE, LANGFRED W ESQ 32801 US HIGHWAY 19 NORTH SUITE 100 PALM HARBOR, FL 34684		4. FEI Number 01152007 Chg-LLC CR2E083 (12/06) <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of New Registered Agent Name <u>VCC FILING + SEARCH SERVICES INC.</u> Street Address (P.O. Box Number is Not Acceptable) <u>1574 VILLAGE SQUARE BLVD. #100</u> City <u>TALLAHASSEE</u> FL <u>32309</u>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
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 <u>Alison Hand, ASST SEC</u> DATE <u>4/11/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	MGR WHITE, LANGFRED W 32801 US HIGHWAY 19 NORTH SUITE 100 PALM HARBOR, FL 34684 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PLANES, WILLIAM 32801 US HIGHWAY 19 NORTH SUITE 100 PALM HARBOR, FL 34684 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>William Planes, Esq. Mgr.</u> DATE <u>4/10/2007</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			

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