

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081154

FILED  
Jun 13, 2007  
Secretary of State

Entity Name: TRINI DEVELOPMENT LLC

**Current Principal Place of Business:**

100 N. BISCAYNE BLVD  
SUITE 500  
MIAMI, FL 33132 US

**New Principal Place of Business:**

**Current Mailing Address:**

100 N. BISCAYNE BLVD  
SUITE 500  
MIAMI, FL 33132 US

**New Mailing Address:**

FEI Number: 20-5387699      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WAGNER, RICHARD  
100 N. BISCAYNE BLVD  
SUITE 500  
MIAMI, FL 33132 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WAGNER, MARIA T  
Address: 200 WEST MASHTA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149 US

Title: MGRM ( ) Delete  
Name: WAGNER, RICHARD  
Address: 200 WEST MASHTA DRIVE  
City-St-Zip: KEY BISCAYNE, FL 33149 US

**ADDITIONS/CHANGES:**

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 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: RICHARD WAGNER

MGRM

06/13/2007

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