

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000081154

Entity Name: TRINI DEVELOPMENT LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

10796 PINES BLVD  
SUITE 204  
PEMBROKE, FL 33026 US

## New Principal Place of Business:

941 BRICKELL AVENUE  
MIAMI, FL 33131 US

## Current Mailing Address:

10796 PINES BLVD  
SUITE 204  
PEMBROKE, FL 33026 US

## New Mailing Address:

941 BRICKELL AVENUE  
MIAMI, FL 33131 US

FEI Number: 20-5387699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WAGNER, RICHARD  
10796 PINES BLVD  
SUITE 204  
PEMBROKE PINES, FL 33026 US

## Name and Address of New Registered Agent:

WAGNER, RICHARD  
941 BRICKELL AVENUE  
MIAMI, FL 33131 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:

04/30/2009

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 BISCAINE, FL 33149 US

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

04/30/2009

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