2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2007
Secretary of State

DOCUMENT# L06000119843

Entity Name: TRILLIUM DEVELOPMENT SOLUTIONS, LLC

Current Principal Place of Business:

3304 SOUTH HARBOUR CIRCLE
PANAMA CITY, FL 324051639

New Principal Place of Business:

Current Mailing Address:

3304 SOUTH HARBOUR CIRCLE
PANAMA CITY, FL 324051639

New Mailing Address:

PO BOX 15007
PANAMA CITY, FL 324065007

FEI Number: 02-0787920 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JACKSON, ANGELA MICHELL
3304 SOUTH HARBOUR CIRCLE
PANAMA CITY, FL 324051639 US

Name and Address of New Registered Agent:

JACKSON, ANGELA M
3304 SOUTH HARBOUR CIRCLE
PANAMA CITY, FL 324051639 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: ANGELA MICHELLE JACKSON 02/09/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: JACKSON, ANGELA M
Address: 3304 SOUTH HARBOUR CIRCLE
City-St-Zip: PANAMA CITY, FL 324051639

Title: MGRM ( ) Delete
Name: JACKSON, DONALD W
Address: 3304 SOUTH HARBOUR CIRCLE
City-St-Zip: PANAMA CITY, FL 324051639

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 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: ANGELA MICHELLE JACKSON MGR 02/09/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date