2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L07000029525

Entity Name: TRINITY ASSET MANAGEMENT LLC

Current Principal Place of Business:

8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8375 DIX ELLIS TRAIL
SUITE 401
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 20-8736267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAX CO.
50 NORTH LAURA STREET, SUITE 3300
JACKSONVILLE, FL 32202 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: CFO ( ) Delete
Name: LAWSON, DANNY J
Address: 8375 DIX ELLIS TRAIL, SUITE 401
City-St-Zip: JACKSONVILLE, FL 32256

Title: COO ( ) Delete
Name: LEONARD, SHANE M
Address: 8375 DIX ELLIS TRAIL, SUITE 401
City-St-Zip: JACKSONVILLE, FL 32256

Title: PRES ( ) Delete
Name: JOHNS, EDWARD M
Address: 8375 DIX ELLIS TRAIL, SUITE 401
City-St-Zip: JACKSONVILLE, FL 32256

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 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: DANNY LAWSON CFO 03/20/2009

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