## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000044865

Address:

P.O. BOX 1566

City-St-Zip: LEHIGH ACRES, FL 339701566

Entity Name: TRINITY REAL ESTATE HOLDINGS, LLC

FILED Mar 31, 2009 Secretary of State

| Current Principal Place of Business:        |   | New Principal Place of Business:            |  |
|---|---|---|--|
| 508 TRINI<br>LEHIGH A                       | Y COURT<br>CRES, FL 33936   |   |  |
| Current Mailing Address:                    |   | New Mailing Address:                        |  |
| PO BOX 1<br>LEHIGH A                        | 566<br>CRES, FL 33970   |   |  |
| FEI Number                                  | : 77-0683101 FEI Number Applied For ( )   | FEI Number Not Applicable()                 | Certificate of Status Desired ( )      |
| Name and                                    | Address of Current Registered Agent:  | Name and Address                            | of New Registered Agent:               |
| ROWE, W<br>508 TRINI<br>LEHIGH A            |   |   |  |
|   | e named entity submits this statement for the<br>e of Florida.                      | e purpose of changing its registere         | ed office or registered agent, or both |
| SIGNATU                                     | RE:   |   |  |
|   | Electronic Signature of Registered A  | gent  | Date                                   |
| MANAGING MEMBERS/MANAGERS:                  |   | ADDITIONS/CHANGES:                          |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGRM () Delete<br>ROWE, VIVIEN C<br>508 TRINIY COURT<br>LEHIGH ACRES, FL 33936      | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGRM () Delete<br>ROWE, JEANNE-ANNE E<br>508 TRINIY COURT<br>LEHIGH ACRES, FL 33936 | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                  |
| Title:<br>Name:<br>Address:<br>City-St-Zip: | MGRM () Delete<br>ROWE, ANDRE N<br>508 TRINIY COURT<br>LEHIGH ACRES, FL 33936       | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                |
| Title:<br>Name:                             | MGRM () Delete<br>ROWE, WILESLEY  | Title:<br>Name:                             | ( ) Change ( ) Addition                |

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.

Address:

City-St-Zip:

SIGNATURE: WILESLEY ROWE MGRM 03/31/2009