

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046282

FILED
Aug 07, 2008
Secretary of State

Entity Name: TRT LLC

Current Principal Place of Business:

6038 WHISPERING TREES LANE
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

6038 WHISPERING TREES LANE
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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:

HELLER, KIM F
374 SOUTH ATLANTIC AVENUE
B1
ORMOND BEACH, FL 32176 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: THOMPSON, TIM
Address: 6038 WHISPERING TREES LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM () Delete
Name: THOMPSON, HOPE
Address: 6038 WHISPERING TREES LANE
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: THOMPSON, TIMOTHY E
Address: 6038 WHISPERING TREES LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: MGRM (X) Change () Addition
Name: THOMPSON, HOPE E
Address: 6038 WHISPERING TREES LANE
City-St-Zip: PORT ORANGE, FL 32128

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: TIMOTHY E. THOMPSON

MGRM

08/07/2008

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