

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 29, 2008 8:00 am Secretary of State

DOCUMENT # L0700050503 1. Entity Name TRINITY ENTERPRISES PARTNERS LLC					*1	05-29-2008	8 90013 042 ***1	
Principal Plac		Mailing Address 1611 MOSELLE					Ennarana	
1611 MOSELLE ORLANDO, FL 32807		ORLANDO, FL 32807				50006209		
2. Principal P	HOMA HYE	3. Mailing Address						
Suite, Apt. #, etc. Suite 307		Suite, Apt. #, etc.		05012008	Chg-LLC	CR2E083 (12/06)		
WINTER PARK FL		City & State		4. FEI Numb	er 26-015	- > 1 > 1 + + +	oplied For ot Applicable	
3879	2 Country USA	Zip	Count	try	5. Certificate	of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New F	Registered Agent	
LINNANΤ	CHERVII			Name				
HINNANT, CHERYL L 1611 MOSELLE AVE. ORLANDO, FL 32807				Street Address (P.O. Box Number is Not Acceptable)				
	·							
•	···		City				FL Zip Cod	e
	named entity submits this statement for ions of registered agent.	the purpose of changing its r	egistere	ed office or regis	stered agent, or bo	oth, in the State of Fi	orida. I am familiar with,	and accept
SIGNATURE	Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE:	Registered	d Agent signature requ	rired when reinstating)		DATE	
Signature, typed or printed name or registered agent and title if appacable. (NOTE: Regi								
	· .							
After May	NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75					Florid	te check payable to a Department of State	e
After May	/ 1, 2008 Fee will be \$538.75	_	10.				A Department of State	·
9.	/ 1, 2008 Fee will be \$538.75 MANAGING MEMBER MGR	RS/MANAGERS	TITLE			Florid	a Department of Stat	e ☐ Addition
After May	/ 1, 2008 Fee will be \$538.75	_	TITLE			Florid	A Department of State	·
9. TITLE NAME	MANAGING MEMBER MGR HINNANT, CHERYL L	_	TITLE NAMI STRE	E		Florid	A Department of State	·
9. TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBER MGR HINNANT, CHERYL L 1611 MOSELLE AVE ORLANDO, FL 32807 MGR	_	TITLE NAMI STRE CITY	E EET ADDRESS - ST-ZIP		Florid	A Department of State	·
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: OS/01/08 (407) 831Delta Delta Delta