

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057884

FILED
Feb 25, 2008
Secretary of State

Entity Name: TRILOGY ONE, LLC

Current Principal Place of Business:

1201 FIFTH AVENUE NORTH, SUITE 505
ST. PETERSBURG, FL 33705

New Principal Place of Business:

Current Mailing Address:

1201 FIFTH AVENUE NORTH, SUITE 505
ST. PETERSBURG, FL 33705

New Mailing Address:

FEI Number: 26-0299951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK M ESQ.
C/O O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771 US

Name and Address of New Registered Agent:

O'CONNOR, PATRICK M ESQ.
C/O O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771 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:

02/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR. () Change (X) Addition
Name: PAONESSA, JEFFREY L DR.
Address: 1201-5TH AVENUE NORTH, SUITE 505
City-St-Zip: SAINT PETERSBURG, FL 33705

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: JEFFREY PAONESSA

DR.

02/25/2008

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