

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000061614

FILED
Sep 02, 2009
Secretary of State

Entity Name: TRINITY MANAGEMENT, LLC

Current Principal Place of Business:

1850 SE 17TH STREET STE 301
FT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

1850 SE 17TH STREET STE 301
FT LAUDERDALE, FL 33316

New Mailing Address:

C/O STUART HAFT ESQ
PO BOX 431
PALM BEACH, FL 33480

FEI Number: 26-0340342 FEI Number Applied For () FEI Number Not Applicable () 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:

HAFT, STUART J
340 ROYAL POINCIANA WAY
STE 321
PALM BEACH, FL 33480 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: MGRM () Delete
Name: DANE, JOHN III
Address: 13085 SEAWAY ROAD
City-St-Zip: GULFPORT, MA 39503

Title: MGRM () Delete
Name: SABATES, FELICIANO S JR
Address: 950 N POLK STREET
City-St-Zip: PINEVILLE, NC 28134

Title: MGRM () Delete
Name: SMITH, WILLIAM S III
Address: 13085 SEAWAY ROAD
City-St-Zip: GULFPORT, MA 39503

Title: MGRM () Delete
Name: BOURGEOIS, WAYNE J
Address: 13085 SEAWAY ROAD
City-St-Zip: GULFPORT, MA 39503

Title: MGRM () Delete
Name: BERULIS, JAMES F
Address: 13085 SEAWAY ROAD
City-St-Zip: GULFPORT, MA 39503

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:

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: JOHN DANE

MGRM

09/02/2009

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