

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013762

FILED  
Jun 25, 2009  
Secretary of State

**Entity Name:** TRINITY DEVELOPMENT GROUP OF THE GULF STATES, LLC

**Current Principal Place of Business:**

5961 GOLDEN OAKS LN  
NAPLES, FL 34119

**New Principal Place of Business:**

**Current Mailing Address:**

5961 GOLDEN OAKS LN  
NAPLES, FL 34119

**New Mailing Address:**

FEI Number: 54-2128301      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:**

**Name and Address of New Registered Agent:**

L&L PARA, LTD. CO.  
THE BUSINESS-LAW BUILDING  
27911 CROWN POINT LAKE BLDG STE 200  
BONITA SPRINGS, FL 34136 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: CEO ( ) Change (X) Addition  
Name: BICKFORD, KATHRYN N  
Address: 5961 GOLDEN OAKS LN  
City-St-Zip: NAPLES, FL 34119

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: KATHRYN BICKFORD

CEO

06/25/2009

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