

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000073012

FILED
Apr 30, 2009
Secretary of State

Entity Name: TRINITY TRIANGLE TRUST, LLC

Current Principal Place of Business:

40 SEAGATE DRIVE
904-A
NAPLES, FL 34103 US

New Principal Place of Business:

40 SEAGATE DRIVE
904
NAPLES, FL 34103 US

Current Mailing Address:

40 SEAGATE DRIVE
904-A
NAPLES, FL 34103 US

New Mailing Address:

40 SEAGATE DRIVE
904
NAPLES, FL 34103 US

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LANGFORD, GEORGE P
3357 TAMIAMI TRAIL NORTH
NAPLES, FL 34103 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: CORRADI, LEO
Address: 40 SEAGATE DRIVE, UNIT 904-A
City-St-Zip: NAPLES, FL 34103 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CORRADI, LEO
Address: 40 SEAGATE DRIVE, UNIT 904
City-St-Zip: NAPLES, FL 34103 US

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: LEO E. CORRADI MRG 04/30/2009

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