2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000086412

Entity Name: B.D.H. TRINITY LLC

Current Principal Place of Business:

20421 SHERIDAN ST. B-10
PEMBROKE PINES, FL 33332

New Principal Place of Business:

Current Mailing Address:

5613 S.W. 19TH STREET
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 80-0258410 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIXSON, DANETTA T
5613 S.W. 19TH STREET
HOLLYWOOD, FL 33023 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:	MGR ( ) Delete
Name:	HAYNES, ALLEN
Address:	2561 N.W. 18TH STREET
City-St-Zip:	FT. LAUDERDALE, FL 33311
Title:	MGRM ( ) Delete
Name:	BAKER, SHARON V
Address:	1951 N.W. 152ND STREET
City-St-Zip:	OPA LOCKA, FL 33054
Title:	MGRM ( ) Delete
Name:	DIXSON, DANETTA T
Address:	5613 S.W. 19TH STREET
City-St-Zip:	HOLLYWOOD, FL 33023

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:	

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: DIXSON,DANETTA T. MGRM 04/27/2009

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