


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L99000003012 1. Entity Name TRILEGACY GROUP, LLC	
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Principal Place of Business 2625 WEST 5TH STREET JACKSONVILLE, FL 32254	Mailing Address 2625 WEST 5TH STREET JACKSONVILLE, FL 32254
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent SPENCE, CARLTON H 2625 WEST 5TH STREET JACKSONVILLE, FL 32254	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U00000121306
04/20/04-80045-006 50.00

B. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SPENCE, JEFFREY C 2625 WEST 5TH STREET JACKSONVILLE, FL 32254
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HAMILTON, TRAYLOR W 2625 W 5TH ST JACKSONVILLE, FL 32254
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: W. Hamilton Traylor **4/19/04** **(904) 486-6040**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #