2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L9900004323				FILED	
TRIDENT FLORIDA TRADING LIMITED LIABILITY COMPAN				00 JAN 24 PM 3: 46	
Principal Place of Business 13320 SOUTHRIDGE INDUSTRIAL PARK DRIVE		Mailing Address 13320 SOUTHRIDGE INDUSTRIAL PARK DRIVE		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
TAVARES FL	32778	TAVARES FL 32778			
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number 59-3590813	Applied F
. Zip .	Country	Zip	Country	- 5. Certificate of Status Desired	\$5.00 Additional Fee Required
	6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered	Agent
CHANGE CHANG PORTET II IR			Name		
CUNNINGHAM, ROBERT H JR. 13320 SOUTHRIDGE INDUSTRIAL PARK DRIVE			Street Address	(P.O. Box Number is Not Acceptable)	
TAVARES FL 32778					
	. ,		City	F	Zip Code
8. The above	named entity submits this statement for	or the purpose of changing its	registered office or regist	ered agent, or both, in the State of Florida.	
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SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature requir	red when reinstating) DATE	
		FILE NO	W!!! FEE IS \$50.00)	
		Make Check Pay	yable to Department	of State	
9.	MANAGING MEMB	ERS/MEMBERS	10.	ADDITIONS/CHANGE	<u></u>
TITLE	MGRM Delets		TITLE		Change
NAME STREET ADDRESS CITY-ST-ZIP	13320 SOUTHRIDGE INDUSTRIAL PARK DRIVE		NAME STREET ADDRESS CITY-ST-21P	50000311 -02/01/08- *****55.0	-01123004
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CITY- \$1- 21P		□ Delete	CITY-8T-ZIP		
NAME		ب ب ب	NAME		
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP		
11. I hereby	certify that the information supplied will	mis filing does not qualify for		Section 119,07(3)(i), Florida Statutes, I further of	entify that the
indicated	on this report is true and accurate and	I that my signature shall have t	he same legal effect as if	Section 119.07(3)(i), Florida Statutes. I further of made under oath; that I am a managing mem inter 608. Florida Statutes	ber or manager of the

URE: SKINATURE AND PPED PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Date Daytime Phone #