


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90034 043 ****55.00

DOCUMENT # L99000004323	
1. Entity Name TRIDENT FLORIDA TRADING LIMITED LIABILITY COMPANY	

Principal Place of Business 13320 SOUTHRIDGE INDUSTRIAL PARK DRIVE TAVARES, FL 32778	Mailing Address 13320 SOUTHRIDGE INDUSTRIAL PARK DRIVE TAVARES, FL 32778
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NEW ADDRESS ONLY

2. Principal Place of Business - No P.O. Box # 3801 SR 19	3. Mailing Address 3801 SR 19
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TAVARES, FLORIDA	City & State TAVARES, FLORIDA
Zip 32778	Country U.S.A.
Zip 32778	Country U.S.A.

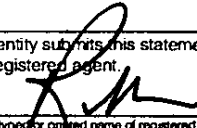


04022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3590813	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent CUNNINGHAM, ROBERT H JR. 13320 SOUTHRIDGE INDUSTRIAL PARK DRIVE TAVARES, FL 32778	7. Name and Address of New Registered Agent Name CUNNINGHAM, ROBERT H. JR. Street Address (P.O. Box Number is Not Acceptable) 3801 SR 19 City TAVARES FL 32778
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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  **CUNNINGHAM ROBERT H. JR MGRM APRIL 2, 2007**

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

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUNNINGHAM, ROBERT H JR. 13320 SOUTHRIDGE INDUSTRIAL PARK DRIVE TAVARES, FL 32778 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CUNNINGHAM ROBERT H. JR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3801 S.R. 19 TAVARES, FLORIDA 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **CUNNINGHAM ROBERT H. JR MGRM APRIL 2, 2007**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #