

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000009070

Entity Name: TRINITY ADVISORS, L.L.C.

FILED  
Apr 11, 2006  
Secretary of State

## Current Principal Place of Business:

5961 GOLDEN OAKS LANE  
NAPLES, FL 34119

## New Principal Place of Business:

## Current Mailing Address:

5961 GOLDEN OAKS LANE  
NAPLES, FL 34119

## New Mailing Address:

FEI Number: 59-3610539

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BICKFORD, FRED  
5961 18TH AVE., NW  
NAPLES, FL 34119 US

## Name and Address of New Registered Agent:

BICKFORD, FRED  
5961 GOLDEN OAKS LANE  
NAPLES, FL 34119 US

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:

04/11/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BICKFORD, FRED  
Address: 5961 GOLDEN OAKS LN  
City-St-Zip: NAPLES, FL 34119

Title: MGR ( ) Delete  
Name: BICKFORD, KATHRYN  
Address: 5961 GOLDEN OAKS LN  
City-St-Zip: NAPLES, FL 34119

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: BICKFORD, FRED  
Address: 5961 GOLDEN OAKS LN  
City-St-Zip: NAPLES, FL 34119

Title: MGRM (X) Change ( ) Addition  
Name: BICKFORD, KATHRYN  
Address: 5961 GOLDEN OAKS LN  
City-St-Zip: NAPLES, FL 34119

I hereby certify that the information supplied with this filing does not qualify for the 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: KATHRYN BICKFORD

MGRM

04/11/2006

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