

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000516

FILED  
Sep 07, 2005  
Secretary of State

**Entity Name:** TRINITY ENTERTAINMENT LLC

**Current Principal Place of Business:**

11201 NW 8TH ST.  
PLANTATION, FL 33325

**New Principal Place of Business:**

**Current Mailing Address:**

11201 NW 8TH ST.  
PLANTATION, FL 33325

**New Mailing Address:**

**FEI Number:** 71-0863859      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

RUSSELL, TWAN  
11201 NW 8TH ST.  
PLANTATION, FL 33325      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: RUSSELL, TWAN  
Address: 11201 NW 8TH ST.  
City-St-Zip: PLANTATION, FL

Title: MGRM      ( ) Delete  
Name: RUSSELL, LYSANDRA  
Address: 11201 NW 8TH ST.  
City-St-Zip: PLANTATION, FL

**ADDITIONS/CHANGES:**

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 for the exemption stated in Section 119.07(3)(i), 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: TWAN RUSSELL

MGRM

09/07/2005

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