

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003992

1. Entity Name
 TRN PROFESSIONAL EMPLOYER ORGANIZATION LLC



Principal Place of Business
 500 WINDERLY PLACE, SUITE 122
 MAITLAND, FL 32751

Mailing Address
 500 WINDERLY PLACE, SUITE 122
 MAITLAND, FL 32751

DO NOT WRITE IN THIS SPACE



02102004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 34-1897471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDRICH, GORDON
 500 WINDERLY PLACE, SUITE 122
 MAITLAND, FL 32751

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STALLAND, DONALD 22021 BROOKPARK ROAD FAIRVIEW PARK, OH 44126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR GERRITY, AMY 22021 BROOKPARK ROAD FAIRVIEW PARK, OH 44126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR KRYSTOWSKI, JOHN 22021 BROOKPARK ROAD FAIRVIEW PARK, OH 44126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRIEDRICH, GORDAN 22021 BROOKPARK ROAD FAIRVIEW PARK, OH 44126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 04/27/04-80017-019 50.00

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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 808, Florida Statutes.

SIGNATURE: *[Signature]* 4/22/04 440 779 6089

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