

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005958

FILED
Jun 26, 2007
Secretary of State

Entity Name: TRINITY 1515, LLC

Current Principal Place of Business:

201 WEST 52ND STREET, 3RD FLOOR
NEW YORK, NY 10019

New Principal Place of Business:

Current Mailing Address:

201 WEST 52ND STREET, 3RD FLOOR
NEW YORK, NY 10019

New Mailing Address:

FEI Number: 51-0604402 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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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: LARRY B. ALEXANDER, MANAGER

06/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ABRAMSON, ED
Address: 201 WEST 52ND STREET, 3RD FLOOR
City-St-Zip: NEW YORK, NY 10019

Title: MGR () Delete
Name: GRILLO, PAUL
Address: 201 WEST 52ND STREET, 3RD FLOOR
City-St-Zip: NEW YORK, NY 10019

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 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: PAUL GRILLO

MGR

06/26/2007

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