2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082527

Entity Name: CONWAY TRUST, LLC

FILED Apr 26, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10155 WHISPER POINTE DRIVE TAMPA, FL 33647

Current Mailing Address: New Mailing Address:

10155 WHISPER POINTE DRIVE TAMPA, FL 33647

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

LASMAN, JEFFREY S ESQ. C/O LASMAN LAW FIRM, P.A. 1210 MILLENNIUM PARKWAY BRANDON, FL 33511 US LASMAN, JEFFREY M ESQ. C/O LASMAN LAW FIRM, P.A. 1210 MILLENNIUM PARKWAY BRANDON, FL 33511 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: JEFFREY M. LASMAN 04/26/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CONWAY, ADAM K
 Name:

 Address:
 10155 WHISPER POINTE DRIVE
 Address:

 City-St-Zip:
 TAMPA, FL 33647
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 CONWAY, BETH M
 Name:

 Address:
 10155 WHISPER POINTE DRIVE
 Address:

 City-St-Zip:
 TAMPA, FL 33647
 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: ADAM K. CONWAY MGRM 04/26/2005