

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082527

Entity Name: CONWAY TRUST, LLC

FILED
Aug 14, 2006
Secretary of State

Current Principal Place of Business:

10155 WHISPER POINTE DRIVE
TAMPA, FL 33647

New Principal Place of Business:

Current Mailing Address:

10155 WHISPER POINTE DRIVE
TAMPA, FL 33647

New Mailing Address:

FEI Number: 20-1894756 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:

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

Name and Address of New Registered Agent:

LASMAN, JEFFREY M ESQ.
C/O LASMAN LAW FIRM, P.A.
6152 DELANCEY STATION STREET, SUITE 205
RIVERVIEW, FL 33569 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:

08/14/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CONWAY, ADAM K
Address: 10155 WHISPER POINTE DRIVE
City-St-Zip: TAMPA, FL 33647

Title: MGRM () Delete
Name: CONWAY, BETH M
Address: 10155 WHISPER POINTE DRIVE
City-St-Zip: TAMPA, FL 33647

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 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: ADAM K. CONWAY

MGRM

08/14/2006

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