

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082527

Entity Name: CONWAY TRUST, LLC

FILED
Apr 14, 2009
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: 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 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 CONWAY

MGRM

04/14/2009

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