

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000082527

**FILED  
Jan 07, 2010  
Secretary of State**

**Entity Name:** CONWAY TRUST, LLC

**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  
**Name:** CONWAY, ADAM K  
**Address:** 10155 WHISPER POINTE DRIVE  
**City-St-Zip:** TAMPA, FL 33647

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

I hereby 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

01/07/2010

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