

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000001680

1. Entity Name
MELCHIZEDEK TRUST, L.L.C.



Principal Place of Business
1611 COUNTRY CLUB ROAD NORTH
ST. PETERSBURG, FL 33710

Mailing Address
1611 COUNTRY CLUB ROAD NORTH
ST. PETERSBURG, FL 33710



02062007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3671720

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COX, THOMAS F
1611 COUNTRY CLUB ROAD NO.
SAINT PETERSBURG, FL 33710

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME COX, DON
STREET ADDRESS 1611 COUNTRY CLUB ROAD NORTH
CITY-ST-ZIP SAINT PETERSBURG, FL 33710

TITLE MGR
NAME BUCKLEY, DEBORAH A
STREET ADDRESS 3176 RICHMOND RD., #118
CITY-ST-ZIP LEXINGTON, KY 40509

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02/26/07-80049-009 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/12/07

800-204-7014

THOMAS F. COX