

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

**DO NOT WRITE IN THIS SPACE**



02062007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 59-3671720	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 NAME STREET ADDRESS CITY - ST - ZIP	MGR COX, DON 1611 COUNTRY CLUB ROAD NORTH SAINT PETERSBURG, FL 33710
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BUCKLEY, DEBORAH A 3176 RICHMOND RD., #118 LEXINGTON, KY 40509
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000637141  
 02/26/07-80049-009 50.00

**DO NOT WRITE 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: Thomas Cox      2/12/07      800-204-7014  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

THOMAS F. COX