


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 22, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000016058**  
 1. Entity Name  
**TRUMBO CAPITAL MANAGEMENT, L.L.C.**



Principal Place of Business 1220 EDGEWATER DRIVE, SUITE 6 & 7 ORLANDO, FL 32804	Mailing Address 1220 EDGEWATER DRIVE, SUITE 6 & 7 ORLANDO, FL 32804
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**DO NOT WRITE IN THIS SPACE**



07192004No Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3688185	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  
 DECUBELLIS & MEEKS, P.A.  
 ATTN: DANIEL L. DECUBELLIS  
 837 N. GARLAND AVENUE  
 ORLANDO, FL 32801

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

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TRUMBO, J. BOWMAN 1220 EDGEWATER DRIVE ORLANDO, FL 32804
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 719.07(3)(f), 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: John Brown Trumbo 7-19-04 407-839-1962  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*J. Brown Trumbo*