

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 16, 2006 8:00 am**  
**Secretary of State**

02-16-2006 90140 030 \*\*\*\*50.00

<b>DOCUMENT # L02000033004</b> 1. Entity Name <b>CJM TRINITY EXCHANGE PROPERTY, LLC</b>																																													
Principal Place of Business <b>4532 U.S. HIGHWAY 19, 2ND FL NEW PORT RICHEY, FL 34652</b>		Mailing Address <b>4532 U.S. HIGHWAY 19, 2ND FL NEW PORT RICHEY, FL 34652</b>																																											
2. Principal Place of Business <b>7916 Evolutions Way</b> Suite, Apt. #, etc. <b>Suite 106</b> City & State <b>Trinity, Florida</b> Zip <b>34655</b> Country <b>PASCO</b>		3. Mailing Address <b>7916 Evolutions Way</b> Suite, Apt. #, etc. <b>Suite 106</b> City & State <b>Trinity, Florida</b> Zip <b>34655</b> Country <b>PASCO</b>																																											
4. FEI Number <b>30-0133984</b>		Applied For <input type="checkbox"/> 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  <b>MITCHELL, D. DEWEY 4532 U.S. HIGHWAY 19, 2ND FL NEW PORT RICHEY, FL 34652</b>		7. Name and Address of New Registered Agent Name <b>Mitchell, D. Dewey</b> Street Address (P.O. Box Number is Not Acceptable) <b>7916 Evolutions Way</b> <b>Suite 106</b> City <b>Trinity</b> <b>FL</b> Zip Code <b>34655</b>																																											
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 <b>D. Dewey Mitchell</b> <b>2-10-06</b> <small>Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating) DATE</small>																																													
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>																																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <b>TR MITCHELL, D. DEWEY 4532 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652</b> </td> <td style="width: 10%; text-align: center;"> <input checked="" type="checkbox"/> Delete         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR MITCHELL, D. DEWEY 4532 U.S. HIGHWAY 19 NEW PORT RICHEY, FL 34652</b>	<input checked="" type="checkbox"/> Delete																			10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 60%;"> <b>TR Mitchell, D. DEWEY 7916 Evolutions Way, Suite 106 Trinity, Florida 34655</b> </td> <td style="width: 10%; text-align: center;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> <tr><td colspan="3"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TR Mitchell, D. DEWEY 7916 Evolutions Way, Suite 106 Trinity, Florida 34655</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																		
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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. <b>SIGNATURE:</b> <b>D. Dewey Mitchell</b> <b>2-10-06 727-569-2332</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>																																													