

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

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

**DOCUMENT # L02000033004**

1. Entity Name  
**CJM TRINITY EXCHANGE PROPERTY, LLC**



Principal Place of Business  
**4532 U.S. HIGHWAY 19, 2ND FL  
 NEW PORT RICHEY, FL 34652**

Mailing Address  
**4532 U.S. HIGHWAY 19, 2ND FL  
 NEW PORT RICHEY, FL 34652**

2. Principal Place of Business  
**7916 Evolutions Way**  
 Suite, Apt. #, etc.  
**Suite 106**

3. Mailing Address  
**7916 Evolutions Way**  
 Suite, Apt. #, etc.  
**Suite 106**

City & State  
**Trinity, Florida**

City & State  
**Trinity, Florida**

Zip  
**34655**

Country  
**PASCO**

Zip  
**34655**

Country  
**PASCO**



02072006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**30-0133984**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MITCHELL, D. DEWEY**  
**4532 U.S. HIGHWAY 19, 2ND FL**  
**NEW PORT RICHEY, FL 34652**

**7. Name and Address of New Registered Agent**

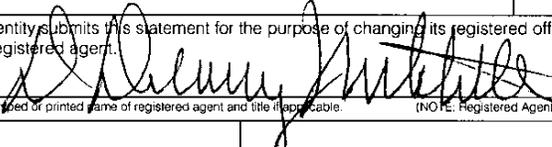
Name **Mitchell, D. Dewey**

Street Address (P.O. Box Number is Not Acceptable)  
**7916 Evolutions Way**

**Suite 106**

City **Trinity** **FL** Zip Code **34655**

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  **D. Dewey Mitchell** **2-10-06**

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, 2006**

**Make check payable to**  
**Florida Department of State**

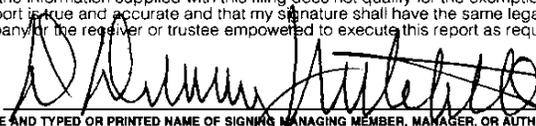
**9. MANAGING MEMBERS / MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TR	MITCHELL, D. DEWEY	4532 U.S. HIGHWAY 19	NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS / CHANGES**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TR	Mitchell, D. DEWEY	7916 Evolutions Way, Suite 106	TRINITY, FLORIDA 34655	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:  **D. Dewey Mitchell** **2-10-06** **727-569-2332**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #