

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000009542

Entity Name: METROTRUST, LLC

FILED  
Apr 17, 2006  
Secretary of State

## Current Principal Place of Business:

1016 SPRING VILLAS POINT DRIVE  
2020  
WINTER SPRINGS, FL 32708 US

## Current Mailing Address:

P O BOX 1116  
ORMOND BEACH, FL 32175 US

## New Principal Place of Business:

1016 SPRING VILLAS POINT  
SUITE 2020  
WINTER SPRINGS, FL 32708 US

## New Mailing Address:

1016 SPRING VILLAS POINT  
STE 2020  
ORMOND BEACH, FL 32175 US

FEI Number: 20-2779367

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROWN, R W  
1016 SPRING VILLAS POINT DRIVE  
2020  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

BROWN, R W  
1016 SPRING VILLAS POINT  
SUITE 2020  
WINTER SPRINGS, FL 32708 US

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.

SIGNATURE: R W BROWN

04/17/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BROWN, R W  
Address: 1016 SPRING VILLAS POINT DRIVE  
City-St-Zip: WINTER SPRINGS, FL 32708 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BROWN, R W  
Address: 1016 SPRING VILLAS POINT  
City-St-Zip: WINTER SPRINGS, FL 32708 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: R W BROWN

MGR

04/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date