2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L07000103846

Entity Name: TRUST REPS, L.C.

Current Principal Place of Business:

1612 SYDNEY DOVER RD.
DOVER, FL 33527

New Principal Place of Business:

1612 SYDNEY DOVER RD.
SYDNEY, FL 33587

Current Mailing Address:

P.O. BOX 1508
SEFFNER, FL 335831508

New Mailing Address:

FEI Number: 26-1412806 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

L.T.S.C., LLC
28 WEST PARK AVE.
LAKE WALES, FL 33859 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: MCWHIRTER, R D
Address: POB 1508
City-St-Zip: SEFFNER, FL 33583 US

Title: MGRM ( ) Change (X) Addition
Name: MCWHIRTER, M M
Address: POB 1508
City-St-Zip: SEFFNER, FL 33583 US

I hereby certify that the information supplied with this filing does not qualify 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.D. MCWHIRTER MGRM 04/30/2008

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