

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000115390

Entity Name: TRUSTINVEST LLC

FILED  
Jan 06, 2010  
Secretary of State

**Current Principal Place of Business:**

28050 US HWY 19 NORTH  
SUITE 400  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

28050 US HWY 19 NORTH  
SUITE 400  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 32-0296510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DAC GLOBAL  
28050 US HWY 19 NORTH  
SUITE 400  
CLEARWATER, FL 33761 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: MGR  
Name: CONDO, JOHN  
Address: 28050 US HWY 19 NORTH SUITE 400  
City-St-Zip: CLEARWATER, FL 33761

Title: MGR  
Name: NADI, HAFIZA  
Address: 28050 US HWY 19 NORTH SUITE 400  
City-St-Zip: CLEARWATER, FL 33761

Title: MGR  
Name: RAWASH, EMAD DR  
Address: 28050 US HWY 19 NORTH SUITE 400  
City-St-Zip: CLEARWATER, FL 33761

Title: MGR  
Name: GEORGIADIS, EVRIPIDIS DR  
Address: 28050 US HWY 19 NORTH SUITE 400  
City-St-Zip: CLEARWATER, FL 33761

I hereby 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: JOHN CONDO

MGR

01/06/2010

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