

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000002144

Entity Name: FIRSTRUST, LLC.

FILED
Feb 04, 2008
Secretary of State

Current Principal Place of Business:

1673 MASON AVE., SUITE 100
DAYTONA BEACH, FL 32117

New Principal Place of Business:

1673 MASON AVE.
#100
DAYTONA BEACH, FL 32117

Current Mailing Address:

1673 MASON AVE., SUITE 100
DAYTONA BEACH, FL 32117

New Mailing Address:

1673 MASON AVE.
#100
DAYTONA BEACH, FL 32117

FEI Number: 59-3567463

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOENIG, MICHAEL T
1673 MASON AVE., #100
DAYTONA BEACH, FL 32117 US

Name and Address of New Registered Agent:

KOENIG, MICHAEL T
1673 MASON AVE.
#100
DAYTONA BEACH, FL 32117 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:

02/04/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOENIG, MICHAEL T JTE
Address: 1673 MASON AVE., #100
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: MGRM () Delete
Name: KOENIG, MELODY L JTE
Address: 1673 MASON AVE., #100
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: MGR () Delete
Name: THE KOENIG FAMILY DY, NASTY TRUST
Address: 2394 RIVER TREE CIRCLE
City-St-Zip: SANFORD, FL 32771 US

Title: MGRM () Delete
Name: CANNON, CHRISTOPHER W
Address: 1673 MASON AVE., #100
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: MGR () Delete
Name: C&M ACQUISITIONS, LL, C
Address: 1673 MASON AVE., #100
City-St-Zip: DAYTONA BEACH, FL 32117 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: CANNON, MICHELLE R
Address: 1673 MASON AVE., #100
City-St-Zip: DAYTONA BEACH, FL 32117 US

Title: MGR (X) Change () Addition
Name: THE KOENIG FAMILY DY, NASTY TRUST
Address: 1525 CLAPTON DRIVE
City-St-Zip: DELAND, FL 32720 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHAEL T KOENIG

MGRM

02/04/2008

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