

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000000031

FILED  
May 22, 2006  
Secretary of State

Entity Name: TREVCON ENTERPRISES, LLC

**Current Principal Place of Business:**

7624 LEATHER FERN COURT  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

7624 LEATHER FERN COURT  
PINELLAS PARK, FL 33782

**New Mailing Address:**

FEI Number: 84-1317328      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

KANE, STEVEN H  
557 NORTH WYMORE RD., STE. 100  
MAITLAND, FL 32751      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: WEAVER, JAMES  
Address: 7624 LEATHER FERN COURT  
City-St-Zip: PINELLAS PARK, FL 33782

Title: MGR      ( ) Delete  
Name: WEAVER, CONNIE  
Address: 7624 LEATHER FERN COURT  
City-St-Zip: PINELLAS PARK, FL 33782

**ADDITIONS/CHANGES:**

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 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: JAMES WEAVER

MGR

05/22/2006

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