## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

### DOCUMENT # L02000001611

1. Entity Name

TRENDS INVESTMENT AND MANAGEMENT ENTERPRISES. LLC

FILED Mar 19, 2007 08:00 AM Secretary of State

Principal Place of Business

4319 RIVER BIRCH DRIVE SPRING HILL, FL 34607

не

Malling Address

4319 RIVER BIRCH DRIVE SPRING HILL, FL 34607

HS



03122007 No Chg-LLC

5. Certificate of Status Desired

CR2E083 (11/05)

4. FEI Number 04-3598805

\$5.00 Additional Fee Required

Applied For

Not Applicable

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

BANWATT, RAMNIK S 4319 RIVER BIRCH DRIVE SPRING HILL, FL 34607

## DO NOT WRITE IN THIS SPACE

<ol><li>The above named entity submits this statement for the purpose of chathe obligations of registered agent.</li></ol>	anging its registered office or registered agent, or both	n, in the State of Florida. I am familiar with, and accept
SIGNATURE		
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE

#### Filing Fee is \$50.00 Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BANWATT, RAMNIK S 4319 RIVER BIRCH DR. SPRING HILL, FL 34607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY+S1-ZIP	
TITLE NAME STREET ADDRESS CITY-S1-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATUREX

RAMNIK BANWATT

x 3/15/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #