2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L03000035593 TRIMCO OF FLORIDA, L.L.C. Principal Place of Business Mailing Address 3389 S.W. HIGHWAY 17 3389 S.W. HIGHWAY 17 ARCADIA, FL 34266 ARCADIA, FL 34266

FILED Apr 20, 2005 8:00 am Secretary of State

04-20-2005 90042 024 ****75.00

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02012005No Chg-LLC CR2E083 (10/03) Applied For 4. FEI Number 16-1684430 Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

- 6. Name and Address of Current Registered Agent

RUSS, CHARLES R

AND EXECUTE TO THE STATE OF THE

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 The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 				
SIGNATURE.	(Lank Klyn	Charles R.	Russ	4/15/05
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature require		DATE
Filing Fee is \$50.00 Due by May 1, 2005			•	
9 .	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS : CITY-ST-ZIP	MGR RUSS, CHARLES R 12512 LAKESHORE DRIVE CLERMONT, FL 34711			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSS, DIANNE O 12512 LAKESHORE DRIVE CLERMONT, FL 34711			
TITLE NAME STREET ADDRESS CHY-ST-ZIP	•.		DO NOT	WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature statel have the same legal effect as if made under onth; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute task report as required by Chapter 608. Florida Statutes.				