

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000043437

FILED  
Jul 09, 2005  
Secretary of State

Entity Name: TIM BARTLETT TRIM, LLC

## Current Principal Place of Business:

1839 SW 81ST TERRACE  
DAVIE, FL 33324

## New Principal Place of Business:

3420 SW 19 STREET  
OKEECHOBEE, FL 34974 US

## Current Mailing Address:

1839 SW 81ST TERRACE  
DAVIE, FL 33324

## New Mailing Address:

3420 SW 19 STREET  
OKEECHOBEE, FL 34974 US

FEI Number: 20-0382874      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:

BARTLETT, TIMOTHY J  
1839 SW 81ST TERRACE  
DAVIE, FL 33324 US

## Name and Address of New Registered Agent:

BARTLETT, TIMOTHY J  
3420 SW 19 STREET  
OKEECHOBEE, FL 34974 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: TIMOTHY J. BARTLETT

07/09/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: BARTLETT, TIMOTHY J  
Address: 1839 SW 81ST TERRACE  
City-St-Zip: DAVIE, FL 33324 US

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BARTLETT, TIMOTHY J  
Address: 3420 SW 19 STREET  
City-St-Zip: OKEECHOBEE, FL 34974 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TIMOTHY J. BARTLETT

MGR

07/09/2005

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