

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90025 018 \*\*\*\*50.00



DOCUMENT # L03000048682

1. Entity Name

TED BARNHART INTERIOR TRIM LLC.

Principal Place of Business

303 MAPLECREST CIRCLE  
 JUPITER FL 33458

Mailing Address

303 MAPLECREST CIRCLE  
 JUPITER FL 33458

2. Principal Place of Business

182 Bent Arrow Dr.

Suite, Apt. #, etc.

3. Mailing Address

182 Bent Arrow Dr.

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Jupiter FL

4. FEI Number

92-0184535

Applied For

Not Applicable

Zip

33458

Country

USA

Zip

33458

Country

U.S.A.

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNHART, TED D  
 303 MAPLECREST CIRCLE  
 JUPITER FL 33458

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Ted Barnhart*

\*Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-1-05

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  Delete  
 NAME BARNHART, TED D  
 STREET ADDRESS 303 MAPLECREST CIRCLE  
 CITY-ST-ZIP JUPITER FL 33458

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR  Change  Addition  
 NAME Barnhart, Ted D  
 STREET ADDRESS 182 Bent Arrow Dr.  
 CITY-ST-ZIP Jupiter - FL. 33458

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 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 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:

*Ted Barnhart*

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

Date

4-1-05

Daytime Phone #

561-523-6326