


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 4/**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90015 012 \*\*\*143.75

**DOCUMENT # L03000048682**

1. Entity Name  
**TED BARNHART INTERIOR TRIM LLC.**



Principal Place of Business      Mailing Address  
**182 BENT ARROW DR**                      **182 BENT ARROW DR**  
**JUPITER FL 33458**                      **JUPITER FL 33458**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**6169 Garrett St.**                      **6169 Garrett St.**  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.

1st MOORE      CR2E083 (10/07)

City & State      **Jupiter FL.**      City & State      **Jupiter FL.**

4. FEI Number      **92-0184535**      Applied For  
 Not Applicable

Zip      **33458**      Country      **Palm Beach**      Zip      **33458**      Country      **Palm Beach**

5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BARNHART, TED D**  
**182 BENT ARROW DR**  
**JUPITER FL 33458**

7. Name and Address of New Registered Agent  
 Name: **Ted Barnhart**  
 Street Address (P.O. Box Number is Not Acceptable)  
**6169 Garrett St**  
 City: **Jupiter**      **FL**      Zip Code: **33458**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent or authorized representative      (NOTE: Registered Agent's signature required when submitting)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BARNHART, TED D 182 BENT ARROW DR JUPITER FL 33458</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Barnhart, Ted D. 6169 Garrett St. Jupiter, FL 33458</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:       **S-18-08**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Certificate Price #