


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2005 08:00 AM**  
**Secretary of State**


<b>DOCUMENT # L03000049475</b> 1. Entity Name <b>TROYER'S TRIM, LLC</b>	
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Principal Place of Business <b>3245 BAHIA VISTA ST SARASOTA FL 34239 US</b>	Mailing Address <b>3245 BAHIA VISTA ST SARASOTA FL 34239 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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 1st MOORE      CR2E083 (10/04)

4. FEI Number <b>20-0438459</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
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**6. Name and Address of Current Registered Agent**

<b>FELDMAN, MARC H 3908 26TH ST W BRADENTON FL 34205</b>	
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**7. Name and Address of New Registered Agent**

Name Street Address (P.O. Box Number is Not Acceptable) City	State: <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	Delete
	<b>MGRM TROYER, ANN 3245 BAHIA VISTA ST SARASOTA FL 34239</b>	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	Change	Addition
		<input type="checkbox"/>	<input type="checkbox"/>
	<b>U00000213280</b>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>02/03/05-80061-025 50.00</b>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.