


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Apr 17, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000055483</b> 1. Entity Name T & T INTERIOR TRIM, LLC.		
Principal Place of Business 409 WEST ALVA STREET TAMPA, FL 33603	Mailing Address 409 WEST ALVA STREET TAMPA, FL 33603	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  DYKSTRA, WILLIAM J 619 HIGHLAND AVE LARGO, FL 33770		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____</small>		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLEISCHAKER, ALVIN 409 WEST ALVA STREET TAMPA, FL 33603	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <i>Alvin Fleischaker</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		X 4 13 06 X 727 423-8131 Date Daytime Phone #



04122006No Chg-LLC CR2E083 (11/05)

4. FEI Number 84-1631853	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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04/29/06-80233-021 50.00