2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000055978

1. Entity Name
MARK D TITZEL TRIM & FINE CARPENTRY LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JUN 10 AM 8:27

Principal Place of Business	Mailing Address
7455 ALAFIA RIDGE LOOP RIVERVIEW, FL 33569	7455 ALAFIA RIDGE LOOP RIVERVIEW, FL 33569

02212004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
7455 Alafia Ridge Loop	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Riverview FL	City & State
Zip 33569 Country USA	Zip Country

Applied For ☐ Not Applicable ☑

5. Certificate of Status Desired ☐ .00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TITZEL, MARK D 7455 ALAFIA RIDGE LOOP RIVERVIEW, FL 33269	Name n/a 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 n/a
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TITZEL, MARK D 7455 ALAFIA RIDGE LOOP RIVERVIEW, FL 33569	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 X [signature] X 3/23/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #