


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90019 050 ****50.00

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| DOCUMENT # L03000057433 | |  |
| 1. Entity Name HUCKLEBERRY TRIM, LLC | | |

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|---|---|
| Principal Place of Business 2796 COUNTY ROAD 1883 DEFUNIAK SPRINGS, FL 32433 US | Mailing Address 2796 COUNTY ROAD 1883 DEFUNIAK SPRINGS, FL 32433 US |
|---|---|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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|---|--|
|  | |
| 02142005 Chg-LLC | CR2E083 (10/03) |
| 4. FEI Number 13-4271343 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent SCHOLL, PETER W 2796 COUNTY ROAD 1883 DEFUNIAK SPRINGS, FL 32433 | |
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| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| Filing Fee is \$50.00 Due by May 1, 2005. | Make check payable to Florida Department of State |
|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHOLL, PETER W 2796 COUNTY ROAD 1883 DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHOLL, LADONNA S 2796 COUNTY ROAD 1883 DEFUNIAK SPRINGS, FL 32433 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Peter Scholl* **4-14-05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #