

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000178

Entity Name: COSMETIC DECKING LLC

FILED
Apr 19, 2005
Secretary of State

Current Principal Place of Business:

125 W. JINKINS CIRCLE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

125 W. JINKINS CIRCLE
SANFORD, FL 32773

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JENSEN, KARRIE
125 W. JINKINS CIRCLE
SANFORD, FL 32773 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: JENSEN, KARRIE
Address: 236 MOCKINGBIRD LAND
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM () Delete
Name: DOHMER, FRANK
Address: 2412 S. PALMETTO AVE
City-St-Zip: SANFORD, FL 32771

Title: MGRM () Delete
Name: JENSEN, NATHAN
Address: 236 MOCKINGBIRD LANE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JENSEN, KARRIE
Address: 125 W. JINKINS CIRCLE
City-St-Zip: SANFORD, FL 32773

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JENSEN, NATHAN
Address: 125 W. JINKINS CIRCLE
City-St-Zip: SANFORD, FL 32773

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NATHAN JENSEN

MGRM

04/19/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date