



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90281 040 \*\*\*\*50.00

<b>DOCUMENT # L04000002475</b> 1. Entity Name FINE LINE ARCHITECTURAL DETAILING, LLC																													
Principal Place of Business 12001 N.W. HIGHWAY 320 MICANOPY, FL 32667			Mailing Address 12001 N.W. HIGHWAY 320 MICANOPY, FL 32667																										
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.																											
City & State		City & State		4. FEI Number      Chg-LLC      CR2E083 (10/03)																									
Zip      Country		Zip      Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent  THOMAS, HOWARD A 12001 N.W. HIGHWAY 320 MICANOPY, FL 32667				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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      Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE																													
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <b>9. MANAGING MEMBERS/MANAGERS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>THOMAS, HOWARD A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>12001 N.W. HIGHWAY 320</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MICANOPY, FL 32667</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> <b>10. ADDITIONS/CHANGES</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 40%; text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	THOMAS, HOWARD A		STREET ADDRESS	12001 N.W. HIGHWAY 320		CITY-ST-ZIP	MICANOPY, FL 32667		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	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 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.																													
<b>SIGNATURE:</b> <i>HOWARD A. THOMAS</i> <i>Howard A. Thomas</i>				4-5-05 352-466-4020																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #																													