


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90162 045 ****50.00

DOCUMENT # L04000004268	
1. Entity Name T-N-T FINISH CARPENTRY LLC	

Principal Place of Business 4920 68TH STREET NORTH ST. PETERSBURG, FL 33709 US	Mailing Address 4920 68TH STREET NORTH ST. PETERSBURG, FL 33709 US
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2. Principal Place of Business 4920 68th Street North Suite, Apt. #, etc.	3. Mailing Address 4920 68th Street North Suite, Apt. #, etc.
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City & State St. Petersburg FL	City & State St. Petersburg FL
Zip 33709	Zip 33709
Country Pinellas	Country Pinellas

6. Name and Address of Current Registered Agent EASTERDAY, TARA B 4920 68TH STREET NORTH ST. PETERSBURG, FL 33709	
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20025375



03232005 Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0600796	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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 Tara B Easterday Tara B Easterday 3/24/2005
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, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR EASTERDAY, TARA B 4920 68TH STREET NORTH ST. PETERSBURG, FL 33709 <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 EASTERDAY, TIM 4920 68TH STREET NORTH ST. PETERSBURG, FL 33709 <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: Tara Easterday 3/24/2005 (727) 546-1539
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #