



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-03-2005 90013 009 ****50.00

DOCUMENT # L04000008926			
1. Entity Name TIM'S DECKING L.L.C.			
Principal Place of Business 292 ATKINSON CIR. HAVANA, FL 32333		Mailing Address 292 ATKINSON CIR. HAVANA, FL 32333	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BARFIELD, TIMOTHY 292 ATKINSON CIR. HAVANA, FL 32333		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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____	
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	MGFRM BARFIELD, TIMOTHY 292 ATKINSON CIR. HAVANA, FL 32333 <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)(f), 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: 		Date: 4/29/05	Daytime Phone #: 502-4047
<small>SIGNATURE AND TYPED-OR PRINTED NAME OF CURRENT MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>

3000 0000



01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number _____ Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required