2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT						FILED				
DOCUMENT # L04000008926					1 ILED					
1. Entity Name TIM'S DECKING L.L.C.					200	16 MAR -9 A	M II: 0	0		
Principal Place of Business 292 ATKINSON CIR. HAVANA, Ft. 32333		Mailing Address 292 ATKINSON CIR. HAVANA, FL 32333			TAL	CRETARY OF LAHASSEE.	STATE FLORID,	4		
•		,			17				ITAK IR IBAK	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		····	03082006	Chg-LLC	CR2E0	33 (11/05)		
City & State		City & State	City & State		4. FEI Numb NOT AF	er PPLICABLE		<u> </u>	plied For	
Zip	Country	Zip	Cour	ntry		of Status Desired		\$5.00 Add		
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and	Address of New R	tegistered A	gent		
EARFIELD, TIMOTHY 292 ATKINSON CIR.				Street Address (P.O. Box Number is Not Acceptable)						
HAVANA, FL 32333								·		
		City FL Zip Code								
	named entity submits this statement ions of registered agent.	for the purpose of changing its	register	ed office or register	red agent, or bo	th, in the State of Flo	orida. I am f	amiliar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered age	(NOT)	E. Canletere	d Agent signature required	db.o. soiostotio al	· <u>-</u>	DATE			
		ng giro upe ii applicacie. (1401)	C. Nogistere	o Agent signature required	o when reinstating)					
	ling Fee is \$50.00 ue by May 1, 2006						e check pa a Departme	-	Đ	
9.	MANAGING MEMI	BERS/MANAGERS	10.			ADDITIONS	CHANGES			
NAME STREET ADDRESS CITY-SI-ZIP	MGRM BARFIELD, TIMOTHY 292 ATKINSON CIR. HAVANA, FL 32333	☐ Delete		1	03/2 03/2	00068; 0/0601020	1055 010	□ Change うすま **100.	Addition	
TITLE	1144/14/12 32333	☐ Delete	TITL		·			☐ Change	☐ Addition	
NAME Street address City-St-Zip				EET ADDRESS (-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			·	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	Addition	
THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITU NAM STRE	E				Change	Addition	
indicated	tertify that the information supplied wo on this report is true and accurate an oility company or the receiver or trus	nd that my signature shall have	the same	e legal effect as if n	nado unde: patr	n; that I am a manag	ging membe	r or manage	er of the	
SIGNAT	URE:	OF SIGNING MANAGING MEMBER, MA	NAGER, OF	R AUTHORIZED REPRESE	3/2 Entative	8/0 <u>6</u>		7 5CZ	-2343	