LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Mar 21, 2005 8:00 am Secretary of State DOCUMENT # L04000012232 03-21-2005 90533 019 ****50.00 1. Entity Name RICK'S CUSTOM TRIM, LLC 20023075 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 348 SE Camp Street [171 Same Suite, Apt #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #101 City & State City & State 4. FEI Number Applied For 20-0730208 Lake City, Florida Not Applicable Zip 32025 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Richard M. Soltis DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 348 SE Camp Street, #101 Lake City 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. Skurature, typod or printed name of registered agent and tide if applicable FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS Managing Member HILE TITLE Richard M. Soltis NAME NAME 348 SE Camp Street #101 STREET ADDRESS STREET ADDRESS Lake City, Florida 32025 CITY-ST-7IP CHY-ST-ZIP Managing Member TITLE TITLE John C. Cady 9546 SW State Road 47 NAME NAME STREET ADDRESS STREET ADDRESS Lake City, Florida 32024 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE НАМЕ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. Thereby certify that the information supplied with this filling 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.

TITLE

NAME

NAME STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP TITLE

CITY+ST-ZIP

SIGNATURE:

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP -

CITY-ST-ZIP

1

arch 10,2005

FILED