

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000033374</b>					
<b>1. Entity Name</b> RICK KURRAS TRIM CARPENTRY, LLC					
<b>Principal Place of Business</b> 8039 MARINER STREET JACKSONVILLE, FL 32220			<b>Mailing Address</b> 8039 MARINER STREET JACKSONVILLE, FL 32220		
<b>2. Principal Place of Business - No P.O. Box #</b> 8039 MARINER ST		<b>3. Mailing Address</b> SAM			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> SAX FL		<b>City &amp; State</b>			
<b>Zip</b> 32226		<b>Country</b> DOVAL			
<b>4. FEI Number</b> NOT APPLICABLE				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  KURRAS, FREDERICK E 8039 MARINER STREET JACKSONVILLE, FL 32220			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGRM	<b>NAME</b> KURRAS, FREDERICK E		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 8039 MARINER STREET	<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32220		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME	<b>STREET ADDRESS</b> CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>					
<b>SIGNATURE:</b> <i>Frederick Kurras</i>			<b>2-20-08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		