

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000052081

FILED
Apr 29, 2007
Secretary of State

Entity Name: APEX TRIM & FINISH L.L.C.

Current Principal Place of Business:

570 CAMPGROUND RD.
LAMONT, FL 32336

New Principal Place of Business:

Current Mailing Address:

570 CAMPGROUND RD.
LAMONT, FL 32336

New Mailing Address:

FEI Number: 83-0403141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAYLOR, RICHARD
570 CAMPGROUND RD.
LAMONT, FL 32336 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TAYLOR, RICHARD E
Address: 570 CAMPGROUND RD.
City-St-Zip: LAMONT, FL 32336

Title: MGRM () Delete
Name: ISKANDER, GRETCHEN
Address: 2716 WHITNEY DR. N.
City-St-Zip: TALLAHASSEE, FL 32309

Title: MGRM (X) Delete
Name: ADAMS, STEVEN
Address: 1025 CROSSINGBROOK WAY APT #2
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: TAYLOR, GRETCHEN
Address: 2716 WHITNEY DR. N.
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD E. TAYLOR

MGRM

04/29/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date