2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

DOCUMENT # L04000078078

1. Entity Name

J&M TRIMLINE CONSTRUCTION LLC.

30007629

Principal Place of Business	Mailing Address
4218 E 98TH AVENUE TAMPA FL 33617 US	4218 E 98TH AVENUE TAMPA FL 33617 US

1st MOORE   CR2E083 (10/04)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number: 37-1498979 — Applied For / Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required
Zip / Country	Zip / Country	

6. Name and Address of Current Registered Agent

DUBEA, JOSEPH E
4218 E 98TH AVENUE
TAMPA FL 33617

7. Name and Address of New Registered Agent

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 _Joseph E Dubea_   DATE 4-04-05

(Signature, typed or printed name of registered agent and title if applicable)   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
NAME	DUBEA, JOSEPH E				
STREET ADDRESS	4218 E. 98TH AVE.				
CITY-ST-ZIP	TAMPA FL 33617				
TITLE	MGRM	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
NAME	ILIFF, MICHAEL W				
STREET ADDRESS	4218 E. 98 AVE				
CITY-ST-ZIP	TAMPA FL 33617				
TITLE		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
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CITY-ST-ZIP					
TITLE		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change	☐ Addition
NAME					
STREET ADDRESS					
CITY-ST-ZIP					

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: _Joseph E Dubea_   4-04-05   813-391-8508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #