

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90076 021 \*\*\*\*55.00

<b>DOCUMENT # L05000016966</b> 1. Entity Name <b>LEONARD CAUDELL TRIM WORK &amp; PAINTING, LLC</b>					
Principal Place of Business <b>3410 LAKE PADGETT DR. LAND O LAKES, FL 34639</b>			Mailing Address <b>3410 LAKE PADGETT DR. LAND O LAKES, FL 34639</b>		
2. Principal Place of Business - No P.O. Box # <b>11640 MEADOWLANE DR</b> Suite, Apt. #, etc.		3. Mailing Address <div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Mr. Leonard Caudell</b>            11640 Meadowlane Dr.            Dade City, FL 33525-8407         </div>			
City & State <b>DADE CITY FL</b>		4. FEI Number <b>20-2386382</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33525</b>	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GELINAS, LORI 3043 GULFWIND DR. LAND O LAKES, FL 34639</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CAUDELL, LEONARD</b> <b>3410 LAKE PADGETT DR.</b> <b>LAND O LAKES, FL 34639</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>Mr. Leonard Caudell</b>            11640 Meadowlane Dr.            Dade City, FL 33525-8407         </div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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>SIGNATURE: <i>Leonard F. Caudell</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>3-3-07</b> <small>Date</small>		<b>352-567-1770</b> <small>Daytime Phone #</small>