

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017963

FILED
Sep 07, 2006
Secretary of State

Entity Name: GREGORY A. ADLER TRIM, LLC

Current Principal Place of Business:

2532 RANCHSIDE TERRACE
NEW PORT RICHEY, FL 34653 US

New Principal Place of Business:

7905 MITCHELL RANCH RD.
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

2532 RANCHSIDE TERRACE
NEW PORT RICHEY, FL 34653 US

New Mailing Address:

7905 MITCHELL RANCH RD.
NEW PORT RICHEY, FL 34653 US

FEI Number: 20-2378147 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGR () Delete
Name: ADLER, GREGORY A
Address: 3515 ALLANDALE DRIVE
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGR (X) Delete
Name: ADLER, DONALD C
Address: 3515 ALLANDALE DRIVE
City-St-Zip: HOLIDAY, FL 34691 US

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GREGORY ADLER

MGR

09/07/2006

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