
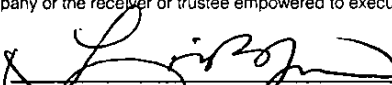


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90188 012 \*\*\*\*50.00

|  |  |                                 |   |  |  |
|--|--|---------------------------------|---|--|--|
| <b>DOCUMENT # L05000026690</b>   |  |                                 |   |   |  |
| 1. Entity Name<br>L B CUSTOM TRIM, LLC   |  |                                 |   |  |  |
| Principal Place of Business<br>209 21 ST STREET<br>NICEVILLE, FL 32588 US  |  |                                 | Mailing Address<br>P. O. BOX 1612<br>NICEVILLE, FL 32588 US |  |  |
| 2. Principal Place of Business   |  |                                 | 3. Mailing Address  |  |  |
| Suite, Apt. #, etc.  |  |                                 | Suite, Apt. #, etc.   |  |  |
| City & State   |  |                                 | City & State  |  |  |
| Zip  | Country  | Zip                             | Country   | 4. FEI Number<br>00-8525475  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |                                 |   | Applied For<br>Not Applicable  |  |
| 6. Name and Address of Current Registered Agent<br><br>POYNOR, LORI B<br>209 21 ST STREET<br>NICEVILLE, FL 32588   |  |                                 |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |                                 |   |  |  |
| Filing Fee is \$50.00<br>Due by May 1, 2006  |  |                                 | Make check payable to<br>Florida Department of State        |  |  |
| 9. MANAGING MEMBERS/MANAGERS   |  |                                 | 10. ADDITIONS/CHANGES                                       |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>POYNOR, LORI B<br>209 21 ST STREET<br>NICEVILLE, FL 32588 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>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. |  |                                 |   |  |  |
| SIGNATURE:    |  |                                 | 2/12/06 8507298827  |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |                                 | Date Daytime Phone #  |  |  |

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02062006 Chg-LLC CR2E083 (11/05)