2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 11, 2006 8:00 am
Secretary of State

04-25-2006 90018 035 ****50.00

DOCUMENT # L05000040459

1. Entity Name
ALEX BROWN FINISH TRIM LLC

Principal Place of Business	Mailing Address
6185 OLD HICKORY RD CRESTVIEW, FL 32539	6185 OLD HICKORY RD CRESTVIEW, FL 32539

03132006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
840 E Walnut Ave	840 E Walnut
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crestview Florida	City & State: Crestview Florida
Zip: 32539 Country: USA	Zip: 32539 Country: USA

4. FEI Number: 20-2729143 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROWN, ALEX
6185OLD HICKORY RD
CRESTVIEW, FL 32539

7. Name and Address of New Registered Agent

Name: Brown, Alex
Street Address (P.O. Box Number is Not Acceptable): 840 E Walnut Ave.
City: Crestview FL Zip Code: 32539

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

Filing Fee is $50.00 Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROWN, ALEX 6185 OLD HICKORY RD CRESTVIEW, FL 32539	☑ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Brown, Alex 840 E Walnut Ave Crestview, FL, 32539	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Alex Brown 042106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #