


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 04, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000052575</b> 1. Entity Name TONNEAU LIFT LLC	
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Principal Place of Business 22019 US HWY 19 N CLEARWATER, FL 33765	Mailing Address 22019 US HWY 19 N CLEARWATER, FL 33765
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01042007No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 01-0837616	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  HARDY, STEPHEN C 3422 SPRING FIELD DR. HOLIDAY, FL 34691
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
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, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARDY, STEPHEN C 3422 SPRINGFIELD DR HOLIDAY, FL 34691
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHONEY, RICHARD 10325 123RD AVE. LARGO, FL 33773
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KERNS, CHRISTOPHER 739 6TH ST S. SAFETY HARBOR, FL 34695
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05/25/07-80023-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/25/07 (727) 649-7101  
Date Daytime Phone #