


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90032 004 ****50.00

DOCUMENT # L05000053445 1. Entity Name NORTH FLORIDA TRIM & HARDI-BOARD, LLC																									
Principal Place of Business 175 SW MEADOW TERRACE LAKE CITY, FL 32024			Mailing Address 175 SW MEADOW TERRACE LAKE CITY, FL 32024																						
2. Principal Place of Business 399 SW Meadow Terrace Suite, Apt. #, etc.		3. Mailing Address Same Suite, Apt. #, etc.																							
City & State Lake City, FL		City & State Lake City, FL		05012006 Chg-LLC CR2E083 (11/05)																					
Zip 32024		Country USA		4. FEI Number 20-2958471																					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable																					
6. Name and Address of Current Registered Agent PAPKA, BRIAN 175 SW MEADOW TERRACE LAKE CITY, FL 32024			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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 <u>Brian Papka</u> (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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGR</td> <td style="width:40%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>PAPKA, BRIAN</td> <td rowspan="3" style="text-align: center; vertical-align: middle;"> change to → </td> </tr> <tr> <td>STREET ADDRESS</td> <td>175 SW MEADOW TERRACE</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>LAKE CITY, FL 32024</td> </tr> </table>			TITLE	MGR	<input checked="" type="checkbox"/> Delete	NAME	PAPKA, BRIAN	change to →	STREET ADDRESS	175 SW MEADOW TERRACE	CITY - ST - ZIP	LAKE CITY, FL 32024	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:45%;">MGR/owner</td> <td style="width:40%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Papka Brian</td> <td rowspan="3" style="text-align: center; vertical-align: middle;"> 399 SW meadow Terrace Lake City FL 32024 </td> </tr> <tr> <td>STREET ADDRESS</td> <td>399 SW meadow Terrace</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>Lake City FL 32024</td> </tr> </table>			TITLE	MGR/owner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Papka Brian	399 SW meadow Terrace Lake City FL 32024	STREET ADDRESS	399 SW meadow Terrace	CITY - ST - ZIP	Lake City FL 32024
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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: <u>Brian Papka</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				5-3-06 3868670440 Date Daytime Phone #																					