

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073087

FILED
Apr 28, 2006
Secretary of State

Entity Name: ELITE TRIM AND DESIGN LLC

Current Principal Place of Business:

96063 ESTATE DRIVE
YULEE, FL 32097 US

New Principal Place of Business:

Current Mailing Address:

96063 ESTATE DRIVE
YULEE, FL 32097 US

New Mailing Address:

FEI Number: 76-0791974

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, STACY T
96063 ESTATE DRIVE
YULEE, FL 32097 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: JOHNSON, STACY T
Address: 96063 ESTATE DRIVE
City-St-Zip: YULEE, FL 32097 US

Title: MGRM () Delete
Name: O'NEILL, KENNETH
Address: 96655 SWEETBRIAR LANE
City-St-Zip: YULEE, FL 32097 US

Title: MGRM () Delete
Name: LINVILLE, NATHAN P
Address: 1406 S. PIKE LANE
City-St-Zip: FERNANDINA BEACH, FL 32034 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: O'NEILL, KENNETH
Address: 97033 BELL LAGOON DRIVE
City-St-Zip: YULEE, FL 32097 US

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: STACY T JOHNSON

MGR

04/28/2006

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