


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90147 027 \*\*\*\*55.00

<b>DOCUMENT # L05000093455</b>	
1. Entity Name <b>STEVE CHANEY INTERIOR TRIM "LLC"</b>	

Principal Place of Business <b>242 OVERTON LAKE ROAD JACKSONVILLE AL 36265</b>	Mailing Address <b>242 OVERTON LAKE ROAD JACKSONVILLE AL 36265</b>
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2. Principal Place of Business <b>SANTA ROSA Bc</b>	3. Mailing Address <b>PO Box 2038</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State <b>SANTA ROSA Bc FL</b>	City & State <b>SANTA ROSA Bc FL</b>
Zip <b>32459</b>	Zip <b>32459</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>STEVE CHANEY 4042 E. COUNTY HWY 30A SUITE D SEAGROVE BEACH FL 32459</b>
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7. Name and Address of New Registered Agent Name <b>Steve Chaney Interior Trim LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>75 Bambi Place</b> City <b>SANTA ROSA</b> FL Zip Code <b>32459</b>
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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 <b>Steve Chaney</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>Steve Chaney</b> <b>2-8-06</b> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHANNEY, STEVE L 242 OVERTON LAKE ROAD JACKSONVILLE AL 36265 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Chaney Steve L 75 Bambi Place SANTA ROSA Bc. FL 32459 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 Section 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:** **Steve Chaney** **2-08-06 256-310-1820**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #