

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093587

FILED
Feb 21, 2006
Secretary of State

Entity Name: JERRY SANDERS TRIM, LLC

Current Principal Place of Business:

15201 SONOMA DRIVE
#304
FORT MYERS, FL 33908

New Principal Place of Business:

Current Mailing Address:

15201 SONOMA DRIVE
#304
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-3974175 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, JERRY H
15201 SONOMA DRIVE
#304
FORT MYERS, FL 33908 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: SANDERS, JERRY H
Address: 15201 SONOMA DRIVE, #304
City-St-Zip: FORT MYERS, FL 33908 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANDERS, JERRY H
Address: 15201 SONOMA DRIVE, #304
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGRM () Change (X) Addition
Name: SANDERS, DEBRA A
Address: 15201 SONOMA DRIVE, #304
City-St-Zip: FORT MYERS, FL 33908 US

Title: MGRM () Change (X) Addition
Name: SANDERS, JARED P
Address: 15201 SONOMA DRIVE, #304
City-St-Zip: FORT MYERS, FL 33908 US

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: JERRY H SANDERS

MGRM

02/21/2006

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