2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L05000116066

Entity Name: DLUTES TRIM LLC

Current Principal Place of Business:

300 CHANCELLAR CT.
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

300 CHANCELLAR CT.
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 11-3767049 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUTES, DARRELL S
300 CHANCELLAR CT.
SAINT CLOUD, FL 34769 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: MIRELES, FRANCISCO
Address: 675 DYSON RD.
City-St-Zip: HAINES CITY, FL 33844

Title: MGR ( ) Delete
Name: KENNEDY, SHAWN M
Address: 1106 MARYLAND AVE.
City-St-Zip: SAINT CLOUD, FL 34769

Title: MGR (X) Delete
Name: SALAZAR-RESENDIZ, ALEJANDRO
Address: 675 DYSON RD
City-St-Zip: HAINES CITY, FL 33844

ADDITIONS/CHANGES:

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

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

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: SHAWN KENNEDY MR 04/30/2006

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