

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 14, 2007 8:00 am
Secretary of State

02-22-2007 90279 036 *****50.00

DOCUMENT # L06000008995 1. Entity Name ILIFF'S INTERIOR TRIM LLC					
Principal Place of Business 9911 SIR FREDERICK ST. TEMPLE TERRACE FL 33637 US			Mailing Address 9911 SIR FREDERICK ST. TEMPLE TERRACE FL 33637 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number <div style="font-size: 1.2em; font-family: monospace;">11-3770225</div> <div style="float: right; border: 1px solid black; padding: 2px;"> Applied For Not Applicable </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				1st MOORE CR2E083 (10/06)	
6. Name and Address of Current Registered Agent ILIFF, MICHAEL W 9911 SIR FREDERICK ST TEMPLE TERRACE FL 33637			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 _____ (NOTE: Registered Agent signature required when changing) _____ DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ILIFF, MICHAEL W 9911 SIR FREDERICK ST TEMPLE TERRACE FL 33637	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>Michael W. Iliff</i> 2-10-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		