


FILED  
Jun 04, 2007 8:00 am  
Secretary of State

04-27-2007 90034 022 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|  |  |  |   |
|--|--|--|---|
| <b>DOCUMENT # L06000072782</b>   |  |   |   |
| 1. Entity Name<br>PRECISION TRIM WOODWORKING, LLC  |  |  |   |
| Principal Place of Business<br>527 TERRACEVIEW COVE<br>#102<br>ALTAMONTE SPRINGS, FL 32714 US  |  | Mailing Address<br>527 TERRACEVIEW COVE<br>#102<br>ALTAMONTE SPRINGS, FL 32714 US  |   |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.  |   |
| City & State   |  | City & State   |   |
| Zip  | Country  | Zip  | Country   |
| 4. FEI Number<br>59-3281562  |  | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  | \$5.00 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>GRUBB, ANTHONY R JR<br>527 TERRACEVIEW COVE<br>#102<br>ALTAMONTE SPRINGS, FL 32714  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-issuing)</small>  |  |  |   |
| DATE _____   |  |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007  |  | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS   |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GRUBB, ANTHONY R JR<br>527 TERRACEVIEW COVE #102<br>ALTAMONTE SPRINGS, FL 32714 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GRUBB, STEVEN P<br>1151 POST LAKE PLACE #101<br>APOPKA, FL 32703 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 Chapter 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: <u>Anthony R Grubb Jr</u><br>SIGNATURE AND TYPED OR PRINTED NAME OF EACH MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE  |  | Date: <u>4/25/07</u><br>Daytime Phone #  |   |