


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L06000123220		
1. Entity Name FOX TRIM LLC		


Principal Place of Business 776 BROOKFIELD ST. SE PALM BAY FL 32909	Mailing Address 776 BROOKFIELD ST. SE PALM BAY FL 32909
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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

FILED

2008 DEC 31 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2nd MOORE CR2E083 (4/08)

4. FEI Number 68-0643071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent	
FOX, DAVID J 776 BROOKFIELD ST. SE PALM BAY FL 32909	

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 reinstating)

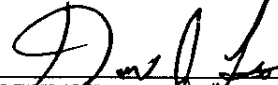
DATE _____

<p>FILE NOW!!! FEE IS \$538.75</p> <p>Make Check Payable to Florida Department of State</p> <p>Due By September 3, 2008</p>	<p>S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75</p> <p><input type="checkbox"/></p>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p>PRES FOX, DAVID J 776 BROOKFIELD ST. SE PALM BAY FL 32909</p> <p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Delete</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Delete</p>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>000139356060 12/30/08--01035--004 **138.75</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p>

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:  David John Fox 12-20-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 12-20-08

Signature Page #