

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

02-07-2008 90086 029 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                        |                                                                   |                                                                            |                                                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L07000057409</b><br>1. Entity Name<br><b>INTERIOR INVESTMENTS BY TIM, L.L.C.</b>                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                        |                                                                   |                                                                            |                                                                                                                   |  |
| Principal Place of Business<br><b>362 LAKE DAISY CIRCLE<br/>WINTER HAVEN, FL 33884</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                   | Mailing Address<br><b>362 LAKE DAISY CIRCLE<br/>WINTER HAVEN, FL 33884</b> |                                                                                                                   |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                        | Country                                                           |                                                                            | 4. FEI Number<br><b>56-2661730</b>                                                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                        |                                                                   |                                                                            | Applied For<br>Not Applicable                                                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>PEARSON, TIMOTHY P<br/>362 LAKE DAISY CIRCLE<br/>WINTER HAVEN, FL 33884</b>                                                                                                                                                                                                                                                                                                                                                                        |                                                                                        |                                                                   |                                                                            | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City |  |
| 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.                                                                                                                                                                                                                                                                            |                                                                                        |                                                                   |                                                                            | FL Zip Code                                                                                                       |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                        |                                                                   |                                                                            |                                                                                                                   |  |
| FILE MONTHLY FEE IS \$138.75<br>After May 1, 2008 Fee will be \$538.75                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                        |                                                                   | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br><b>PEARSON, TIMOTHY P<br/>362 LAKE DAISY CIRCLE<br/>WINTER HAVEN, FL 33884</b> | <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                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition | <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>Timothy Pearson</u> <u>Timothy P. Pearson Feb 5, 2008 863-258-6036</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                             |                                                                                        |                                                                   |                                                                            |                                                                                                                   |  |