


**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90162 002 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L06000086506</b>			
1. Entity Name BILL TAYLORS CUSTOM DRAWERS, LLC			
Principal Place of Business 2450-A HWY. 441-27 FRUITLAND PARK, FL 34731		Mailing Address 2450-A HWY. 441-27 FRUITLAND PARK, FL 34731	
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
6. Name and Address of Current Registered Agent <del>PATTERSON, DEBBIE 12609 GOPHERROKE ROAD GROVELAND, FL 34736</del>		7. Name and Address of New Registered Agent Name <u>WILLIAM TAYLOR</u> Street Address (P.O. Box Number is Not Acceptable) <u>2450-A Hwy 441 / 27</u> City <u>FRUITLAND PARK FL 34731</u>	
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 <u>William Taylor</u>		DATE <u>MARCH 15, 07</u>	
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TAYLOR, WILLIAM 10740 LIBBY ROAD #3 CLERMONT, FL 34715 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>William Taylor</u>		DATE: <u>MARCH 14, 07</u> 352 326-4430	

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01232007 Chg-LLC CR2E083 (12/06)

4. Filing Number 90-0236271  Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required