

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002933

FILED
Apr 28, 2005
Secretary of State

Entity Name: PALM BEACH CUSTOM CABINETS, LLC

Current Principal Place of Business:

435 SOUTHERN BLVD
WEST PALM BEACH, FL 33405

New Principal Place of Business:

Current Mailing Address:

435 SOUTHERN BLVD
WEST PALM BEACH, FL 33405

New Mailing Address:

11888 LAKESHORE PLACE
NORTH PALM BEACH, FL 33408 US

FEI Number: 02-0508035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FORD, GEORGE L
Address: 435 SOUTHERN BLVD
City-St-Zip: WEST PALM BEACH, FL 33405

Title: MGRM () Delete
Name: FORD, SUSAN
Address: 435 SOUTHERN BLVD
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FORD, GEORGE L
Address: 11888 LAKESHORE PLACE
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: MGRM (X) Change () Addition
Name: FORD, SUSAN
Address: 11888 LAKESHORE PLACE
City-St-Zip: NORTH PALM BEACH, FL 33408 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GEORGE L. FORD

MGRM

04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date