2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 09, 2005 08:00 AM Secretary of State

DOCUMENT # A9500001939 1. Entity Name NORTHWEST DOOR & HARDWARE, LTD.					Secre	etary of State
Principal Place of Business 4315 WEST KENNEDY BLVD. TAMPA, FL 33609		Mailing Address 4315 WEST KENNEDY BLVD. TAMPA, FL 33609				
Principal Place of Business 3. Mailing Address			ess			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01122005 Chg-LP	CR2E003 (10/03)
City & State		City & State		4. FEI Number	Applied For	
Z ip	Country	Zip Country			59-3350292 5. Certificate of Status Desired	Not Applicable \$8.75 Additional
6. Name and Address of Current Registered Agent					7. Name and Address of New Regi	Fee Required stered Agent
JAMES GLAVASICH				Name		
	DAK CIRCLE RBOR, FL 34683	Street Address		Street Address (F	P.O. Box Number is Not Acceptable)	
S. The shows named acting submits this statement for the purpose of changing its			1.	City	and a section to the section of the	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						
9. Capital Contributions as Shown on record. \$100,000.00 In FLORIDA to date						
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.						
12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY						
DOCUMENT ≠ NAME	P9500094225 HARDWARE TAMPA, INC.		STREET A	DORESS		
STREET ADDRESS CITY-ST-ZIP	4315 WEST_KENNEDY BLVD. TAMPA, FL 33609		CITY-ST-	ZIP		
DOCUMENT ≠ NAME			STREET A	DORESS	000000029 04/09/05-8i	14824 1002-023 526.25
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	ZIP		
DOCUMENT # NAME			STREET A	DORESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-	ZIP		
DOCUMENT / NAME			street al	DDRESS		
STREET ADDRESS CITY-ST-ZIP				ZIP		
DOGUMENT # NAME				DDRESS		
STREET ADDRESS CITY-ST-ZIP				ZIP		
DOCUMENT / NAME				DDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY-ST-			
14. I hereby certify that the information supplied with this filling does not qualify 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 signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report is required by Chapter 620, Florida Statutes						
SIGNATURE: SIGNATURE: SIGNAPURE PAID TYPED ON PRINTED NAME OF SIGNING GENERAL PARTNER Day Cayuma Phona *						