
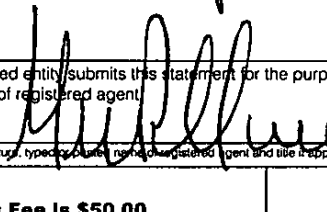
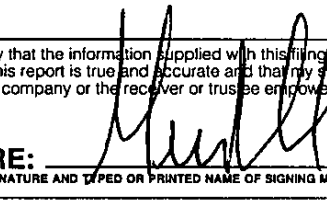


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 13, 2005 8:00 am**  
**Secretary of State**

01-13-2005 90015 019 \*\*\*\*\*55.00

<b>DOCUMENT # L01000015878</b> 1. Entity Name <b>FLORIDA KITCHENS &amp; BATHS LLC</b>			
Principal Place of Business <b>102 SAND PINE DRIVE JUPITER, FL 33477</b>		Mailing Address <b>102 SAND PINE DRIVE JUPITER, FL 33477</b>	
2. Principal Place of Business <b>132 S. HAMPTON DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>132 S. HAMPTON DR</b> Suite, Apt. #, etc.	
City & State <b>JUPITER, FL</b>		City & State <b>JUPITER, FL</b>	
Zip <b>33458</b>		Zip <b>33458</b>	
Country <b>PAIMBEACH</b>		Country <b>PAIMBEACH</b>	
4. FEI Number <b>65-0652348</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>		01062005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>BRADBURY, GARY L</b> <del>102 SAND PINE DRIVE</del> <b>132 S. HAMPTON DR</b> <del>JUPITER, FL 33477</del> <b>JUPITER 33458</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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  DATE <b>January 7, 2005</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADBURY, GARY L <del>ONE HORIZON ROAD #0-0</del> <del>FORT LEE, NJ 07024</del> <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	<b>132 S. HAMPTON DR</b> <b>JUPITER, FL 33458</b> <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
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
11. I hereby certify that the information supplied with this filing 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 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: 		Date <b>January 7, 2004</b>	