FILED 2006 LIMITED LIABILITY COMPANY Feb 24, 2006 8:00 am Secretary of State 02-24-2006 90243 034 ****50.00 **ANNUAL REPORT DOCUMENT # L01000015878** 1. Entity Name FLORIDA KITCHENS & BATHS LLC

. *·.					
Principal Place of Business 155z 5. HAMPTON DR	Mailing Address 13528 HAMPTON DR			ennTA%	415
Principal Place of Business	3. Mailing Address	• •			
1/9/1 USHUY # STEDU	11911 US HW-F** Suite, Apt. #, etc.	1 Ste 20/	01082006 Chg-LLC	III IIII IIII IIII IIII CR2E083 (11/05)	TEL KILITER
City & State	- Capte State	h Beag	4. FEI Number 65-0652348	Not	olied For Applicable
33400 Country Pale Pale 16. Name and Address of Current	33408	Country	Certificate of Status Desired Name and Address of New Regis	\$5.00 Addi Fee Required stered Agent	
BRADBURY, GARY L 132 9. HAMPTON DR JUPITER, FL 33458	<u></u>	Street Address	(P.O. Box Number is Not Acceptable)	AC Zip Code	A . C&
8. The above named entity submits this statement to the obligations of registered agent. SIGNATURE	Luis	gistered office or registe	2/8/2	a. I am familiar with, a	400) and accept
Filing Fee is \$50.00 Due by May 1, 2006			Make c	heck payable to epartment of State	
9. MANAGING MEMBI	PRIMANAGERS Delete US AWY LANGE PARENT	10. Change	ADDITIONS/CH	LANGES ☐ Change	Addition
TITLE SS STREET ADDRESS CITY-ST-ZP	48 □ Deleter	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delcte .	TITLE MAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZEP	☐ Detete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE MAME STREET ADDRESS CITY-ST-ZIP		TITLE NOSSE STREET ADDRESS CITY-ST-ZIP	1 AZIMI GOODONN	Delete	Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	☐ Delicite	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
11. I hereby certify that the information supplied wit indicated on this report is five and acturale and limited liability company of the receiver of its test SIGNATURE:	that my signature shall have the empowered to execute this rep	same legal effect as it	made under cath; that I am a managing pter 608, Florida Statutes.	er certify that the information of member or manager	mation of the

SIGNATURE: SIGNATURE: SIGNATURE OF PRINTED HAME OF STORING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date