

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 18, 2005 8:00 am**  
**Secretary of State**

05-18-2005 90246 001 \*\*\*\*\*50.00  
05-18-2005 90246 002 \*\*\*\*\*5.00

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<b>DOCUMENT # L02000011221</b> 1. Entity Name <b>SOLID WOOD DOORS, LLC</b>					
Principal Place of Business <b>801 ROBERT AVE. LEHIGH ACRES, FL 33972</b>			Mailing Address <b>801 ROBERT AVE. LEHIGH ACRES, FL 33972</b>		
2. Principal Place of Business <i>Lee County</i>		3. Mailing Address <i>801 ROBERT AVE</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State <i>LEHIGH ACRES FL</i>		4. FEI Number <b>04-3660872</b>	
Zip		Zip <i>33972</i>		Country <i>USA</i>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SPIEGEL &amp; UTRERA, P.A. 1840 SOUTHWEST 22 STREET 4TH FLOOR MIAMI, FL 33145</b>			7. Name and Address of New Registered Agent Name <i>MIGUEL A. CARO</i> Street Address (P.O. Box Number is Not Acceptable) <i>801 ROBERT AVE</i> City <i>LEHIGH ACRES</i> State <i>FL</i> Zip Code <i>33972</i>		
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 <i>MIGUEL A. CARO</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOT if Registered Agent signature required when reinstating)</small>					
<b>Filing Fee: \$50.00</b> <b>Due by September 7, 2005</b>		Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARO, MIGUEL A 801 ROBERT AVE. LEHIGH ACRES, FL 33972	<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	MGR CARO, EDGARD H 801 ROBERT AVE. LEHIGH ACRES, FL 33972	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>MIG. EDGARD H. CARO</i> <i>1109 CALVIN AVE</i> <i>LEHIGH ACRES FL 33936</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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.					
<b>SIGNATURE:</b>				Date <i>5/16/05</i> Daytime Phone # <i>239 8507890</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					