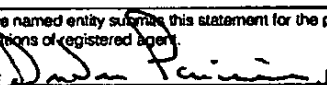


2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

04-14-2005 90029 045 ****50.00
02-09-2005 90157 030 *****5.00

DOCUMENT # L03000006471 1. Entity Name ARCHITECTURAL CABINETS & MILLWORK LLC					
Principal Place of Business 3965 DEER CROSSING COURT, SUITE 201 NAPLES, FL 34114			Mailing Address 3965 DEER CROSSING COURT, SUITE 201 NAPLES, FL 34114		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 02-0677327			Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			04112005 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent CARON, JULIE 3965 DEER CROSSING COURT, SUITE 201 NAPLES, FL 34114			7. Name and Address of New Registered Agent Name POIRIER, ANDRE Street Address (P.O. Box Number is Not Acceptable) 10411 WINE PALM ROAD, #5022 City FORT MYERS FL Zip Code 33912		
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  ANDRE POIRIER, MANAGING MEMBER Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-registering)			DATE 04/08/2005		
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARON, JULIE 3965 DEER CROSSING COURT, SUITE 201 NAPLES, FL 34114 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - MANAGING MEMBER ☐ Change ☒ Addition POIRIER, ANDRE 10411 WINE PALM ROAD, #5022 FORT MYERS, FL 33912		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR - MANAGER ☒ Change ☐ Addition CARON, JULIE 3965 DEER CROSSING COURT, SUITE 201 NAPLES, FL 34114		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  ANDRE POIRIER MGRM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			DATE 04/08/2005 (239) 462-3916 Date Daytime Phone #		

* Please note that these are the changes (in yellow) that I've made on the document you sent back. I spoke with someone in your office and he said everything seemed O.K. If there still seems to be a mistake, please contact me to