


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000009606</b> 1. Entity Name <b>M. C. CABINETRY BY DAVID MCCREIGHT, LLC</b>	
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Principal Place of Business <b>1025 MILLER DRIVE, #139A ALTAMONTE SPRINGS, FL 32701 US</b>	Mailing Address <b>1025 MILLER DRIVE, #139A #130 ALTAMONTE SPRINGS, FL 32701 US</b>
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>MCCREIGHT, ELIZABETH 1256 HIBISCUS LANE APOPKA, FL 32703</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2005**

1100000320493  
04/21/05-80039-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MCCREIGHT, DAVID 1025 MILLER DRIVE, #139A ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCCREIGHT, ELIZABETH 1025 MILLER DRIVE, #139A ALTAMONTE SPRINGS, FL 32701
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**DO NOT WRITE  
IN THIS SPACE**

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:** *David McCreight* **4-1-05 407-331-6900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #