## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000015886

1. Entity Name KIM'S WOODWORKING, LLC



FILED Jul 05, 2005 08:00 AM Secretary of State

Principal Place of Business 2830 SAULS ROAD SOUTH DAYTONA, FL 32119		Malling Address 2830 SAULS ROAD SOUTH DAYTONA, FL 32119		
DO NOT WRITE IN THIS SPACE			CE	07012005 No Chg-LLC         CR2E083 (10/03)           4. FE! Number         Applied For Not Applicable
				5. Certificate of Status Desired Specificate of Status Desired Specific
	6. Name and Address of Current I	Registered Agent		The second secon
BROOKS, RONALD KIM 2830 SAULS ROAD SOUTH DAYTONA, FL 32119				DO NOT WRITE IN THIS SPACE
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				
Filing Fee is \$50.00 Due by September 7, 2005				
9.	MANAGING MEMBE	RS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROOKS, RONALD KIM 2830 SAULS RD SOUTH DAYTONA, FL 32119		**************************************	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				07/05/05-80022-004 50.110
TITLE NAME STREET ADDRESS CITY-ST-ZIP			to the second	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			4	ction 119.07(3)(i), Florida Statutes, I further certify that the information

11. I hereby certify that the information supplied with this filling 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 truy 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 anyowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: /

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7-1-05

386-222-8718

Daytime Ph