FROM : MEYERS PHONE NO. :

FILED
Apr 29, 2005 8:00 am
Secretary of State
04-29-2005 90038 019 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000027315

1. Entity Name
KITCHENS, BATHS & ALL THAT JAZZ, LLC

20050582

Principal Place of Business	Mailing Address
105 HALF MOON CIRCLE C1 HYPOLUXO, FL 33462	105 HALF MOON CIRCLE C1 HYPOLUXO, FL 33462

04252005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
One Harbourside Dr	One Harbourside Dr.
Suite, Apt. #, etc.: #4206	Suite, Apt. #, etc.: #4206
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33483 Country: USA	Zip: 33483 Country: USA

4. FEI Number: 20-0019572 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DOPALMA, MARILYNN
105 HALF MOON CIRCLE
HYPO LUXO, FL 33462

7. Name and Address of New Registered Agent

Name: Depalma, Marilynn
Street Address (P.O. Box Number is Not Acceptable): One Harbourside Drive
#4206
City: Delary Beach FL Zip Code: 33483

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: Marilynn E. DePalma 4/26/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	MGRM	☐ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	DEPALMA, MARILYNN		NAME	Depalma, Marilynn	
STREET ADDRESS	105 HALF MOON CIRCLE, C1		STREET ADDRESS	One Harbourside Drive #4206	
CITY-ST-ZIP	HYPOLUXO, FL 33462		CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Marilynn E DePalma 4/26/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #