2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 08, 2004 8:00 am Secretary of State DOCUMENT # L03000044710 03-08-2004 90274 021 ****55 00 WILLEMS CUSTOM WOODWORKS, LLC Principal Place of Business Mailing Address ROUTE 9, BOX 786-B ROUTE 9, BOX 786-B 24017130 BOX 786-B LAKE CITY: FL 32024 US LAKE CITY, FL 32024 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242004 Chg-LLC CR2E083 (10/03) 4. FEI Numbe Applied For City & State City & State 203644 Not Applicable Ζiρ Country Zip Country \$5.00 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLEMS, RAYMOND M Street Address (P.O. Box Number is Not Acceptable) **ROUTE 9, BOX 786-B** LAKE CITY, FL 32024 City Zip Code 8. The above named entity submits this atement 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 regis SIGNATURE . Filing Fee is \$50.00 Due by May 1, 2004 Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Title 5 MGRM Delete TITLE Change Addition NAME WILLEMS, RAYMOND M NAME STREET ADDRESS STREET ADDRESS **ROUTE 9, BOX 786-B.** CITY-ST-ZIP LAKE CITY, FL 32024 CITY-ST-ZIP BILE Defete nne Change Addition HAME MARK STREET ADDRESS STREET ADDRESS CITY-ST-7IP CffY-ST-ZIP ☐ Delete ☐ Change ☐ Addition me TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/DY-ST-769 Delete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME HAME STREET ADDRESS STREET ADDRESS COY-ST-78 CITY-ST-ZIP Delete ☐ Change Addition NAME MALLE 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 each 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. 384-752-9811 SIGNATURE

ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #