
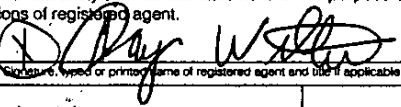



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90031 005 \*\*\*\*50.00

<b>DOCUMENT # L03000044710</b> 1. Entity Name <b>WILLEMS CUSTOM WOODWORKS, LLC</b>																											
Principal Place of Business <b>ROUTE 9, BOX 786-B</b> <b>BOX 786-B</b> <b>LAKE CITY, FL 32024 US</b>		Mailing Address <b>ROUTE 9, BOX 786-B</b> <b>LAKE CITY, FL 32024 US</b>																									
2. Principal Place of Business <b>137 SW meadow Terr.</b>		3. Mailing Address <b>137 SW meadow Terr.</b>																									
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 																									
City & State <b>Lake City, Florida</b>		City & State <b>Lake City, FL</b>																									
Zip <b>32024</b>		Zip <b>32024</b>																									
Country <b>USA</b>		Country <b>USA</b>																									
4. FEI Number <b>43-2036441</b>		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required																									
6. Name and Address of Current Registered Agent  <b>WILLEMS, RAYMOND M</b> <b>ROUTE 9, BOX 786-B</b> <b>LAKE CITY, FL 32024</b>		7. Name and Address of New Registered Agent Name <b>Raymond M. Willems</b> Street Address (P.O. Box Number is Not Acceptable) <b>137 SW meadow Terr.</b> City <b>Lake City</b> <b>FL</b> Zip Code <b>32024</b>																									
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  (NOTE: Registered Agent signature required when reinstating) DATE _____																											
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>																									
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td><b>WILLEMS, RAYMOND M</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>ROUTE 9, BOX 786-B</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td><b>LAKE CITY, FL 32024</b></td> <td></td> </tr> </table>		TITLE	NAME	<input type="checkbox"/> Delete	NAME	<b>WILLEMS, RAYMOND M</b>		STREET ADDRESS	<b>ROUTE 9, BOX 786-B</b>		CITY-ST-ZIP	<b>LAKE CITY, FL 32024</b>		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">NAME</td> <td style="width:20%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td><b>137 SW meadow Terr.</b></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td><b>LAKE CITY, FL 32024</b></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	<b>137 SW meadow Terr.</b>		STREET ADDRESS	<b>LAKE CITY, FL 32024</b>		CITY-ST-ZIP		
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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 		Date <b>4-11-05</b> Time <b>7:55</b> Phone # <b>7226</b>																									