

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000044775

FILED  
Apr 23, 2004  
Secretary of State

Entity Name: JENSEN'S CUSTOM CABINETRY, LLC

**Current Principal Place of Business:**

310 N. ROME AVE.  
TAMPA, FL 336061642

**New Principal Place of Business:**

**Current Mailing Address:**

310 N. ROME AVE.  
TAMPA, FL 336061642

**New Mailing Address:**

FEI Number: 41-2109315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JENSEN, GLENN C  
310 N. ROME AVE.  
TAMPA, FL 336061642

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: JENSEN, GLENN C  
Address: 310 N. ROME AVE.  
City-St-Zip: TAMPA, FL 336061642

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: VASQUEZ, ERIC  
Address: 2103 W. BURKE ST  
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GLENN JENSEN

MGR

04/23/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date