


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 02, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000044775 1. Entity Name JENSEN'S CUSTOM CABINETRY, LLC	
---	---

Principal Place of Business 310 N. ROME AVE. TAMPA FL 33606-1642	Mailing Address 310 N. ROME AVE. TAMPA FL 33606-1642
--	--



2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

1st MOORE CR2E083 (10/04)

City & State Zip Country	City & State Zip Country
----------------------------------	----------------------------------

4. FEI Number 41-2109315	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------------------------	---

6. Name and Address of Current Registered Agent JENSEN, GLENN C 310 N. ROME AVE. TAMPA FL 33606-1642	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
--	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	---------------------------------------

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.

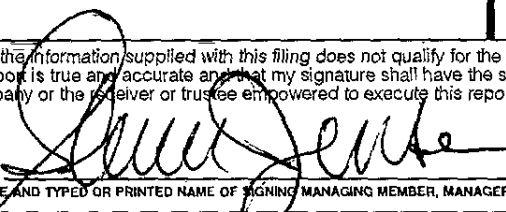
SIGNATURE _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
-----------------	--	------------

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	JENSEN, GLENN C
STREET ADDRESS	310 N. ROME AVE.
CITY-ST-ZIP	TAMPA FL 33606-1642
TITLE	MGR <input type="checkbox"/> Delete
NAME	VASQUEZ, ERIC
STREET ADDRESS	2103 W. BURKE ST
CITY-ST-ZIP	TAMPA FL 33606
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	UN00000368886 06/02/05-80005-003 50.00
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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)(f), 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: 5/27/05	Debit Phone #: 8132500286
--	----------------------	----------------------------------