


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 28, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000048453 1. Entity Name DAIGGER CUSTOM WOODWORKING, LLC	
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Principal Place of Business 1070 SHADICK DR. SUITE 1 ORANGE CITY, FL 32763 US	Mailing Address 1070 SHADICK DR. SUITE 1 ORANGE CITY, FL 32763 US
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DO NOT WRITE IN THIS SPACE



01242005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 20-0577423	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAIGGER, RONALD E
740 EASTRIDGE DR.
ORANGE CITY, FL 32763

**DO NOT WRITE
IN THIS SPACE**

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 reconstituting) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAIGGER, RONALD E 740 EASTRIDGE DR. ORANGE CITY, FL 32763
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAIGGER, LINDA D 740 EASTRIDGE DR. ORANGE CITY, FL 32763
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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: *Ronald E Daigger*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/24/05 386 804 7335
Date Daytime Phone #