

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90143 035 ****50.00

DOCUMENT # L03000049350 1. Entity Name JERRY WASZAK FINE WOODWORKING, LLC					
Principal Place of Business 2863 N.E. 23 AVENUE LIGHTHOUSE PT, FL 33064			Mailing Address 2863 NE 23 AVENUE LIGHTHOUSE PT, FL 33064		
2. Principal Place of Business 600 NW 43 Ave Suite, Apt. #, etc.		3. Mailing Address 600 NW 43 Ave Suite, Apt. #, etc.			
City & State Coconut Creek, FL		City & State Coconut Creek, FL		4. FEI Number 20-0443372	
Zip 33066		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WASZAK, JERRY 2863 NE 23 AVENUE LIGHTHOUSE PT, FL 33064			7. Name and Address of New Registered Agent Name JERRY WASZAK Street Address (P.O. Box Number is Not Acceptable) 600 NW 43 Ave City Coconut Creek FL Zip Code 33066		
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 <u><i>Jerry Waszak</i></u> DATE <u>7/27/06</u> <small>Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WASZAK, JERRY 2863 NE 23 AVENUE LIGHTHOUSE PT, FL 33064 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WASZAK, JERRY 600 NW 43 AVE COCONUT CRK, FL. 33066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u><i>Jerry Waszak</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>7/27/06</u> <u>954-1080797</u> <small>Date Daytime Phone #</small>		