
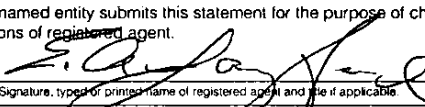
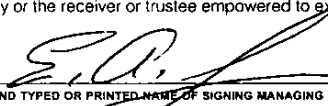


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

07-31-2006 90144 042 ****50.00

DOCUMENT # L03000050441 1. Entity Name PENSACOLA CUSTOM SHELVING LLC					
Principal Place of Business 3110 FRANK ARD RD. CANTONMENT, FL 32533			Mailing Address 3110 FRANK ARD RD. CANTONMENT, FL 32533		
2. Principal Place of Business 799 Canopy Lane Suite, Apt. #, etc.		3. Mailing Address P.O. Box 165 Suite, Apt. #, etc.			
City & State CANTONMENT FL Zip 32533		City & State Gonzalez FL Zip 32560		4. FEI Number 20-0410339	
Country ESC.		Country ESC.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGFORD, ERNEST A 3110 FRANK ARD RD. CANTONMENT, FL 32533 <div style="margin-left: 150px;">Address CHANGE</div>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE _____ <small>Signature, typed or printed name of registered agent and date 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 LANGFORD, ERNEST A 3110 FRANK ARD RD. CANTONMENT, FL 32533	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: 		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 7/27/06 Daytime Phone # 850-221-1926		