

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053791

FILED
Jan 15, 2006
Secretary of State

Entity Name: MATTHEW NELSON'S CABINET INSTALLATION, LLC

Current Principal Place of Business:

4864 LAKESHORE DRIVE
ST. CLOUD, FL 34772

New Principal Place of Business:

Current Mailing Address:

4864 LAKESHORE DRIVE
ST. CLOUD, FL 34772

New Mailing Address:

FEI Number: 81-0613282 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

FOUST, KATHLEEN M
17 S. ORLANDO AVENUE
KISSIMMEE, FL 34741 US

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/MANAGERS:

Title: MGRM () Delete
Name: NELSON, MATTHEW
Address: 4864 LAKESHORE DRIVE
City-St-Zip: ST. CLOUD, FL 34772

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

ADDITIONS/CHANGES:

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

Title: MEMB () Change (X) Addition
Name: CURTIS, JASON
Address: 4865 WREN DR
City-St-Zip: ST. CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: MATTHEW NELSON

MGRM

01/15/2006

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