


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000055389 1. Entity Name DAVE'S CUSTOM CABINET SHOP, LLC	
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Principal Place of Business 6335 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653 US	Mailing Address 6335 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653 US
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DO NOT WRITE IN THIS SPACE



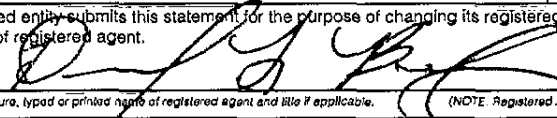
04022005 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 20-0523987	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGE, DAVID L
 6335 MASSACHUSETTS AVENUE
 NEW PORT RICHEY, FL 34653

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  4/15/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

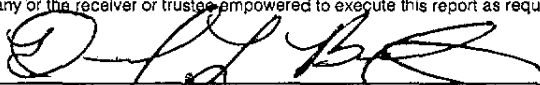
1100000320511
 04/21/05-80039-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERGE, DAVID L 6335 MASSACHUSETTS AVENUE NEW PORT RICHEY, FL 34653
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(l), 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:  4/15/05 727-898-2877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #