2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 14, 2005 08:00 AM Secretary of State

t. Entity Nan ALTERN	IMENT # L03000056571 THE LO3000056571 IATIVE REFACING & COUNTERTOPS, LLC Co of Business Mailing Address		Secretary of State
5436 DAVID BLVD. PORT CHARLOTTE, FL 33981 FORT CHARLOTTE, FL 33981			
DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent			02252005 No Chg-LLC
5436 DAV	ER, RICHARD		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 Signature, typed or printed name of registered agent and title if apolicable. (NOTE, Registered Agent signature required when reunstating) DATE Filling Fee is \$50.00 Due by May 1, 2005			
	, <u>, , , , , , , , , , , , , , , , , , </u>		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS MGRM SCHREIBER, RICHARD 5436 DAVID BLVD. PORT CHARLOTTE, FL 33981		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby c indicated limited lial	certify that the information supplied with this filing does not qualify for the exer on this report is true and accurate and that my signature shall have the same billity company or the receiver or trustee empowered to execute this report as	nption stated in Sec legal effect as if ma required by Chapte	tion 119.07(3)(i), Florida Statutes. I further certify that the information ade under oath; that I am a managing member or manager of the or 608, Florida Statutes.