2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L04000002304

Entity Name: MAGNUSSON CABINETS, LLC

Current Principal Place of Business:

2655 WOOLERY DRIVE
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

2655 WOOLERY DRIVE
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 42-1636833 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAGNUSSON, SVERRIR T
2655 WOOLERY DRIVE
JACKSONVILLE, FL FL 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/MEMBERS:

Title: MRG ( ) Delete
Name: MAGNUSSON, SVERRIR T
Address: 2655 WOOLERY DRIVE
City-St-Zip: JACKSONVILLE, FL 322211

Title: MGR ( ) Delete
Name: MAGNUSSON, HELEN M
Address: 2655 WOOLERY DRIVE
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MAGNUSSON, SVERRIR T
Address: 2655 WOOLERY DRIVE
City-St-Zip: JACKSONVILLE, FL 322211

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SVERRIR T. MAGNUSSON MGR 04/27/2005

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