2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 02, 2006
Secretary of State

DOCUMENT# L04000006117

Entity Name: UNIQUE CUSTOM WOODWORKING LLC

Current Principal Place of Business:

317 WASHINGTON ST.
UNIT A
MINNEOLA, FL 34715 US

New Principal Place of Business:

317 WASHINGTON ST.
UNIT B
MINNEOLA, FL 34715 US

Current Mailing Address:

1624 NIGHTFALL DR.
CLERMONT, FL 34711 US

New Mailing Address:

317 WASHIINGTON ST.
UNIT B
MINNEOLA, FL 34715 US

FEI Number: 47-0949293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAPPY, DANIEL F
1624 NIGHTFALL DR.
CLERMONT, FL 34711 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: MGR ( ) Delete
Name: CAPPY, DANIEL F
Address: 849 FORESTWOOD DR.
City-St-Zip: CLERMONT, FL 34711 US

Title: MGRM ( ) Delete
Name: CAPPY, TERRY L
Address: 1624 NIGHTFALL DR.
City-St-Zip: CLERMONT, FL 34711

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

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: HIBBS, PATRICK F
Address: 208 A GALENA AVE.
City-St-Zip: MINNEOLA, FL 34715

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: DANIEL CAPPY MGR 03/02/2006

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