


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L04000009041 <b>1. Entity Name</b> DAVE WINTERS WOODWORKING LLC	
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<b>Principal Place of Business</b> 919 SUNSHINE WAY SW WINTER HAVEN, FL 33880 US	<b>Mailing Address</b> 919 SUNSHINE WAY SW WINTER HAVEN, FL 33880 US
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01132007No Chg-LLC

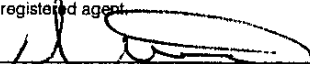
CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 20-0680775	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$5.00 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b>  WINTERS, DAVID R 919 SUNSHINE WAY SW WINTER HAVEN, FL 33880
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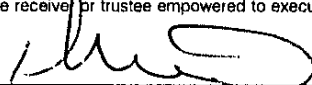
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>	
<b>SIGNATURE</b>  <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>DATE</b> 1/18/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>

**Filing Fee is \$50.00  
Due by May 1, 2007**

<b>9. MANAGING MEMBERS/MANAGERS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	MGRM WINTERS, DAVID R 919 SUNSHINE WAY SW WINTER HAVEN, FL 33880
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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01/22/07-80069-006 50.00

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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>	
<b>SIGNATURE:</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>DATE</b> 1/18/07 <b>Daytime Phone #</b> 865-243-2458