2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 19, 2005 8:00 am Secretary of State **DOCUMENT # L04000011371** 03-22-2005 90182 036 ****50.00 1.- Entity Name ATLANTIS TRIM & CABINETS, LLC Principal Place of Business Malfino Address 300000e+ 2 COUNTRY CLUB DR 2 COUNTRY CLUB DR CRAWFORDVILLE, FL. 32327 CRAWFORDVILLE, FL 32327 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/03) 02092005 Chg-LLC City & State City & State 4. FEI Number Applied For 56 - 2447 Not Apolicable Country \$5.00 Additional Country Zip 5. Certificate of Status Desired __ Fee Regulred 8. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Tames VEAL, JAMES T 89 GULF BREEZE DRIVE (P.O. Box Number is Not Acceptable) CRAWFORDVILLE, FL 32327 tordu:11e 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. registered agent ant) SIGNATURE Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. TITLE Owner/President TITLE Change Delete ☐ Addition James T. Veal 2 Country Club Dr. NAME NAME STREET ADORESS STREET ACCORDESS CITY-ST-ZP CITY-ST-ZIP CAWFORDVILLE TITLE ☐ Deletary ☐ Change ☐ Addition WW STREET ADDRESS STREET ADDRESS CITY-S1-ZIP-CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-51-21P CITY-ST-ZIP MILE Delete TITLE Change ☐ Addition NUME NAME STREET ADDRESS STREET ADORESS . . CITY-ST-ZIP CITY-ST-ZIP IIILE Deleta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P TITLE Ocieta TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling does not qualify 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 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 808, Florida Statutes. 850 SIGNATURE:

MEMBER, MANAGER, ON AUTHORIZED REPRESENTATIVE

FILED