FILED
Mar 07, 2005 8:00 am
Secretary of State
01-31-2005 90203 022 ****50.00

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000016129

1. Entity Name
INFINITE IDEAS CABINETRY, LLC

Principal Place of Business
~~6012 28TH ST. EAST #3~~ 5915 21 ST. EAST
BRADENTON, FL 34203

Mailing Address
~~6012 28TH ST. EAST #3~~ PO. BOX 212C
BRADENTON, FL ~~34203~~ 34204

PO BOX 21206
BRADENTON, Florida 34204

01212005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5915 21 STREET EAST	PO BOX 21206
Suite, Apt. #, etc.	Suite, Apt. #, etc
City & State: Bradenton, FL.	City & State: BRADENTON, FL.
Zip: 34203 Country: Manatee	Zip: 34204 Country: Manatee

4. FEI Number: 37-1485372 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
WICKMAN & WYCKOFF, P.A.
4909 MANATEE AVE. WEST
BRADENTON, FL 34209

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	☐ Delete
NAME	KORBOS, BONNIE D	
STREET ADDRESS	~~6012 28TH ST. EAST #3~~ 5915 21 STREET EAST	
CITY-ST-ZIP	BRADENTON, FL 34203	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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 608, Florida Statutes.

SIGNATURE: Kimberly Team 1/27/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Bonnie D. Korbos 3/1/05