

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Jan 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000024333
 1. Entity Name
 CHUCK'S CUSTOM CABINETS & DESIGNS LLC



Principal Place of Business Mailing Address
 600 OAK ST 600 OAK ST
 BLDG 2 UNIT A BLDG 2 UNIT A
 PORT ORANGE FL 32127 PORT ORANGE FL 32127



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

1st MOORE CR2E083 (10/07)

4. FEI Number 71-0965629 Applied For Not Applicable
 5. Certificate of Status Desired \$5.00 Additional Fee Required
 6. Name and Address of Current Registered Agent
 BECKER, CHARLES R
 600 OAK ST
 BLDG 2 UNIT A
 PORT ORANGE FL 32127
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGRM <input type="checkbox"/> Delete	NAME BECKER, CHARLES R	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 5268 BARRYPT AVE.	CITY-ST-ZIP PORT ORANGE FL 32127	NAME	
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 60B, Florida Statutes.

SIGNATURE: *Charles R Becker* CHARLES R BECKER 386-763-3993
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime P.O. #