


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000026744**

1. Entity Name  
**CUSTOM COUNTERTOPS LLC**



Principal Place of Business  
**421 FLOTILLA ROAD**  
**NORTH PALM BEACH, FL 33408**

Mailing Address  
**421 FLOTILLA ROAD**  
**NORTH PALM BEACH, FL 33408**

**DO NOT WRITE IN THIS SPACE**



07082006 No Chg-LLC CR2E083 (11/05)

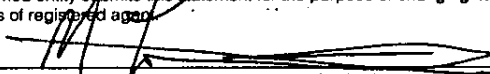
4. FEI Number <b>20-0972373</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, MICHAEL L**  
**421 FLOTILLA ROAD**  
**NORTH PALM BEACH, FL 33408**

**DO NOT WRITE IN THIS SPACE**

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 7/7/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

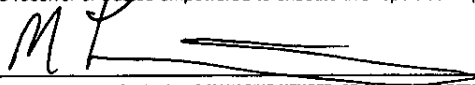
**Filing Fee is \$50.00**  
**Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEWIS, MICHAEL L 421 FLOTILLA ROAD NORTH PALM BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000569475  
 07/11/06-80029-003 55.00

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE:  DATE 7/7/06 Daytime Phone # 561-248-3270

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE