2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
Sep 01, 2006 8:00 am
Secretary of State
08-16-2006 90078 021 ****50.00

DOCUMENT # L04000032980

1. Entity Name
BAQUERO CABINETRY, LLC

Principal Place of Business	Mailing Address
222 NORTHEAST 24TH AVENUE CAPE CORAL FL 33909	222 NORTHEAST 24TH AVENUE CAPE CORAL FL 33909

FEI # 20-1087781 2nd MOORE CR2E083 (4/06)

2. Principal Place of Business	3. Mailing Address
1951 Custom DR.	222 NE 24th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Myers FL	City & State: Cape Coral Fl
Zip 33907 Country USA	Zip 33909 Country USA

4. FEI Number AP-PLIED FOR ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145	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 signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BAQUERO, STEVEN 222 NORTHEAST 24TH AVENUE CAPE CORAL FL 33909	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BAQUERO, STEVEN 222 NORTHEAST 24TH AVENUE CAPE CORAL FL 33909	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE oper. manager Norge Arca SR. 1153 Ecrue St. E Lehigh Acres FL. 33936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Norge Arca JR. 1153 Ecrue st. E Lehigh Acres FL. 33936	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: Steven J. Baquero 8-3-06 239.464.6392
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #