2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Aug 12, 2005
Secretary of State

DOCUMENT# L04000038921

Entity Name: 21ST CENTURY CABINETS LC

Current Principal Place of Business:

1193 ENTERPRISE DR
205
PORT CHARLOTTE, FL 33948 US

New Principal Place of Business:

Current Mailing Address:

1193 ENTERPRISE DR.
#205
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAMOS, CHARLES G JR
8481 SAN PABLO AVE
NORTH PORT FL, FL 34287 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CHARLES G. RAMOS JR.,
Address: 8481 SAN PABLO AVE
City-St-Zip: NORTH PORT, FL 34287 US

Title: MGR ( ) Delete
Name: CHARLES G.RAMOS 3RD.,
Address: 8481 SAN PABLO AVE
City-St-Zip: NORTH PORT, FL 34287 YS

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MRG ( ) Change (X) Addition
Name: ADAM S. RAMOS,
Address: 8481 SAN PABLO AVE
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CHARLES G RAMOS JR. MRG 08/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date