

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038921

FILED
Sep 06, 2006
Secretary of State

Entity Name: 21ST CENTURY CABINETS LC

Current Principal Place of Business:

1150 C. R. 222
WILDWOOD, FL 34785 US

New Principal Place of Business:

Current Mailing Address:

1150 C. R. 222
WILDWOOD, FL 34785 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

RAMOS, CHARLES G JR
1150 C. R. 222
WILDWOOD, FL 34785 US

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: 1150 C. R. 222
City-St-Zip: WILDWOOD, FL 34785 US

Title: MGR () Delete
Name: CHARLES G. RAMOS 3RD.,
Address: 1150 C. R. 222
City-St-Zip: WILDWOOD, FL 34785 YS

Title: MRG () Delete
Name: ADAM S. RAMOS,
Address: 1150 C. R. 222
City-St-Zip: WILDWOOD, FL 34785

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

MGR

09/06/2006

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