

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000059578

FILED  
Feb 15, 2005  
Secretary of State

Entity Name: LA CUISINE CUSTOM CABINETRY, LLC

## Current Principal Place of Business:

4906 S. DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405

## New Principal Place of Business:

4419 GEORGIA AVENUE  
WEST PALM BEACH, FL 33405

## Current Mailing Address:

4906 S. DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405

## New Mailing Address:

FEI Number: 20-1507831      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

VARGAS, MARIA SUSANA  
12495 QUERCUS LANE  
WEST PALM BEACH, FL 334144111 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/MEMBERS:

Title: MGR ( ) Delete  
Name: VARGAS, MARIA SUSANA  
Address: 12495 QUERCUS LANE  
City-St-Zip: WEST PALM BEACH, FL 33414

Title: MGR (X) Delete  
Name: VARGAS, ENRIQUE  
Address: LIBERTAD ESQUINA, RAFAEL PENA  
City-St-Zip: SANTA CRUZ, BOLIVIA,

Title: MGR (X) Delete  
Name: VARGAS, RAMIRO  
Address: LIBERTAD ESQUINA, RAFAEL PENA  
City-St-Zip: SANTA CRUZ, BOLIVIA,

Title: MGR (X) Delete  
Name: VARGAS, ALEJANDRO  
Address: LIBERTAD ESQUINA, RAFAEL PENA  
City-St-Zip: SANTA CRUZ, BOLIVIA,

Title: MGR (X) Delete  
Name: VARGAS, GONZALO  
Address: LIBERTAD ESQUINA, RAFAEL PENA  
City-St-Zip: SANTA CRUZ, BOLIVIA,

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VARGAS, MARIA SUSANA  
Address: 12495 QUERCUS LANE  
City-St-Zip: WEST PALM BEACH, FL 33414

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

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 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: MARIA SUSANA VARGAS

PSD

02/15/2005

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