

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000062393

FILED
Feb 23, 2007
Secretary of State

Entity Name: HEART OF HOME CABINETRY, LLC

Current Principal Place of Business:

11736 S US HWY 441
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 1330
LAKE CITY, FL 32056 US

New Mailing Address:

FEI Number: 20-1579065

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, STEPHEN J
11736 S US HWY 441
LAKE CITY, FL 32025 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: MGRM () Delete
Name: CRAWFORD, STEPHEN J
Address: 11736 S US HWY 441
City-St-Zip: LAKE CITY, FL 32025 US

Title: MGM () Delete
Name: ROBERTS, BENJAMIN
Address: 11736 S US HWY 441
City-St-Zip: LAKE CITY, FL 32025

Title: MGM () Delete
Name: RICHARD, SMITH L
Address: 4572 SW 86TH ST
City-St-Zip: LAKE BUTLER, FL 32054

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: STEPHEN CRAWFORD

MGRM

02/23/2007

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