2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2006
Secretary of State

DOCUMENT# L04000067835

Entity Name: CABINETS BY ROBERT CADE, LLC

Current Principal Place of Business:

8777 CITATION DRIVE
PALM BEACH GARDENS, FL 33418 US

New Principal Place of Business:

3099 FIVE OAKS LANE
GREEN COVE SPRINGS, FL 32043 US

Current Mailing Address:

8777 CITATION DRIVE
PALM BEACH GARDENS, FL 33418 US

New Mailing Address:

3099 FIVE OAKS LANE
GREEN COVE SPRINGS, FL 32043 US

FEI Number: 11-3727010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:

CADE, ROBERT M
8777 CITATION DRIVE
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

CADE, ROBERT M
3099 FIVE OAKS LANE
GREEN COVE SPRINGS, FL 32043 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: ROBERT M. CADE 05/11/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CADE, ROBERT M
Address: 8777 CITATION DRIVE
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CADE, ROBERT M
Address: 3099 FIVE OAKS LANE
City-St-Zip: GREEN COVE SPRINGS, FL 32043 US

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: ROBERT M. CADE MGR 05/11/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date