

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**


**FILED**  
**Jan 23, 2006 8:00 am**  
**Secretary of State**

01-23-2006 90140 013 \*\*\*\*50.00

**20001988**



01112006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L05000010691			
1. Entry Name BELARDINELLI CUSTOM CABINETS LLC			
Principal Place of Business 4568 CATALINA LN BONITA SPRINGS, FL 34134		Mailing Address P O BOX 366695 BONITA SPRINGS, FL 34136	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent BELARDINELLI, DELMONTE A 4568 CATALINA LN BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and fee, if applicable. (NOTE: Registered Agent signature required when reissuing)</small>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELARDINELLI, DELMONTE A 4568 CATALINA LN BONITA SPRINGS, FL 34134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Delmont A. Belardinelli</u>		Date: <u>1-16-06</u> Daytime Phone #: <u>2395609283</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			