


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # L05000010691  
 1. Entity 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
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**DO NOT WRITE IN THIS SPACE**



03232007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-2539018	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

BELARDINELLI, DELMONTE A  
 4568 CATALINA LN  
 BONITA SPRINGS, FL 34134

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BELARDINELLI, DELMONTE A 4568 CATALINA LN BONITA SPRINGS, FL 34134
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**DO NOT WRITE IN THIS SPACE**

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: Delmonte A. Belardinelli      3-23-07      \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #