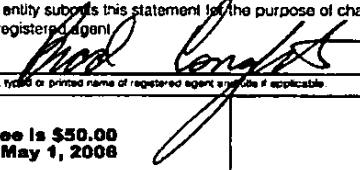


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

04-20-2006 90033 042 ****50.00

DOCUMENT # L05000023678 1. Entity Name BIRCH CABINETS LLC					
Principal Place of Business 330 ROBERT ELLIS STREET SANTA ROSA BEACH, FL 32459			Mailing Address 330 ROBERT ELLIS STREET SANTA ROSA BEACH, FL 32459		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 202530192				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				04192006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name: Brad Conington CPA Inc Street Address (P.O. Box Number is Not Acceptable): 50 Uptown Grayton Circle #15 City: Santa Rosa Beach FL Zip Code: 32459		
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: 4/19/06 Signature, typed or printed name of registered agent is required if applicable. (NOTE: Registered Agent signature required when re-stating)					
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 BIRCH, STEPHEN 330 ROBERT ELLIS STREET SANTA ROSA BEACH, FL 32459	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BIRCH, STEPHEN 330 ROBERT ELLIS STREET SANTA ROSA BEACH, FL 32459	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☒ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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:  STEVE BIRCH Date: 4-19-6 Daytime Phone #: 850-254-2600 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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