## **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## Jul 10, 2006 8:00 am **Secretary of State** DOCUMENT # L05000053828 07-10-2006 90104 039 \*\*\*\*55.00 1. Entity Name INTERNATIONAL WOODWORKING, LLC Principal Place of Business Mailing Address CUUTUUTA 2371 FRANCIS AVE 2371 FRANCIS AVE NAPLES, FL 34112 NAPLES, FL 34112 3. Mailing Address 2. Principal Place of Business 23 7) FRAYCI Suite, Apt. #, etc. 04182006 CR2E083 (11/05) Chg-LLC City & State Applied For 4. FEI Number 861116 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRIEBE, HELMUT Street Address (P.O. Box Number is Not Acceptable) 4340 LORRAINE AVE. NAPLES, FL 34104 City Zip Code FL 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 Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition NAME PRIEBE, HELMUT NAME STREET ADDRESS 4340 LORRAINE AVE STREET ADDRESS CITY-ST-ZIF NAPLES, FL 34104 CITY-ST-ZIP TATLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 occurate 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 received or flustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

7-03-06 239-213-4200