


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90009 019 ****50.00

DOCUMENT # L05000093845 1. Entity Name R AND C WOODWORKING, L.L.C.					
Principal Place of Business 6832 COMMERCE AVE. PORT RICHEY, FL 34668			Mailing Address 8133 AMBERSWEET PLACE LAND O LAKES, FL 34637		
2. Principal Place of Business <i>39047 COUNTY ROAD 54</i>			3. Mailing Address 		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>LEPHRY HILLS, FL</i>			City & State		
Zip <i>33542</i>		Country <i>USA</i>		Zip	
Country		4. FEI Number <i>20-3524068</i>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PARK, CHARLES K 8133 AMBERSWEET PLACE LAND O LAKES, FL 34638			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
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	MGRM GIRARD, RICHARD R 4014 MARLO LOOP LAND O LAKES, FL 34639	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PARK, CHARLES K 8133 AMBERSWEET PLACE LAND O LAKES, FL 34637	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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: <i>Charles K. Park</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date <i>4/25/06</i> Daytime Phone # <i>813-610-4482</i>		