

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000102297

Entity Name: WOODLINE CABINETRY LLC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

13904 W. HILLSBOROUGH AVE
TAMPA, FL 33635

New Principal Place of Business:

Current Mailing Address:

13904 W. HILLSBOROUGH AVE
TAMPA, FL 33635

New Mailing Address:

FEI Number: 84-1687605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERWEH, DEBRA L
13904 W. HILLSBOROUGH AVE
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LESTRANGE, GARY
Address: 13904 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33635

Title: MGRM () Delete
Name: VEAL, DAVID S
Address: 13904 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33635

Title: MGRM () Delete
Name: SCHROYER, MICHAEL
Address: 13904 W. HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID S. VEAL

MGRM

04/25/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date