2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2007
Secretary of State

DOCUMENT# L05000102297

Entity Name: WOODLINE CABINETRY LLC

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 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: GARY LESTRANGE MGR 04/26/2007

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