2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 14, 2006 08:00 AN Secretary of State DOCUMENT # L05000104493 1. Entity Name NATHAN BOTTS CABINETS, LLC Principal Place of Business Mailing Address 5905 -C SANDERS STREET PENSACOLA FL 32504 5905 -C SANDERS STREET PENSACOLA FL 32504 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For Not Applicat Zip Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BOTTS, NATHAN JR Street Address (P.O. Box Number is Not Acceptable) 5095 - C SANDERS STREET PENSACOLA FL 32504 City Zio 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 rec (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE Detete TITLE ☐ Change ☐ Adidio MAME BOTTS, NATHAN JR NAME STREET ADDRESS 5905 - C SANDERS STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32504 TITLE ☐ Delete TITLE □ Addiliu NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THTLE ☐ Delete TITLE Change ∏ Addid NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addii -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Adda: NAME STREET ADDRESS STREET ADDRESS COY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE: Author 0. Bottle Manager, or authorized representative Date Dayling Phone 8

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.