2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 29, 2006
Secretary of State

DOCUMENT# L05000120597

Entity Name: KITCHENS, BATHS & MORE, LLC

Current Principal Place of Business:

2885 S. CONGRESS AVE.
SUITE E
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

2885 S. CONGRESS AVE.
SUITE E
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: 74-3155286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KNOLL, RICHARD J
1750 SW 4TH AVE.
BOCA RATON, FL 33432 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:	MGRM	( ) Delete
Name:	KNOLL, RICHARD J	
Address:	1750 SW 4TH AVENUE	
City-St-Zip:	BOCA RATON, FL 33432 US	
Title:	MGRM	(X) Delete
Name:	SULLIVAN, DEBRA C	
Address:	24 MILLSTONE CT.	
City-St-Zip:	RIDGEFIELD, CT 06877 US	
Title:	MGRM	(X) Delete
Name:	SANANTONIO, JOHN W	
Address:	25 SWEEZYTOWN RD. SOUTH	
City-St-Zip:	MIDDLE ISLAND, NY 11950 US	

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: RICHARD J. KNOLL MGRM 07/29/2006

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