

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT-(AR)

FILED
Feb 21, 2007 8:00 am
Secretary of State

02-21-2007 90103 023 ****50.00

DOCUMENT # L06000008923 1. Entity Name KITCHEN CABINET INSTALLS LLC		 																									
Principal Place of Business 3678 UNIQUE CIRCLE FORT MYERS FL 33908 US <i>moved</i>		Mailing Address 3678 UNIQUE CIRCLE FORT MYERS FL 33908 US <i>new</i>																									
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. KCI		3. Mailing Address 19760 Adams Road Ft. Myers, FL 33908																									
City & State 19760 Adams Road Ft. Myers, FL 33908		4. FEI Number 223920737																									
Zip 33908		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent MARTIN, HAROLD L 3678 UNIQUE CIRCLE FORT MYERS FL 33908 <i>Moved</i>		7. Name and Address of New Registered Agent MARTIN, HAROLD L 19760 Adams Road Ft. Myers, FL 33908																									
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 <i>Harold Martin</i> DATE 2-12-07																											
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																											
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR MARTIN, HAROLD L 3678 UNIQUE CIRCLE FORT MYERS FL 33908 </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MARTIN, HAROLD L 3678 UNIQUE CIRCLE FORT MYERS FL 33908		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR - owner new 19760 Adams Road Ft. Myers, FL 33908 </td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR - owner new 19760 Adams Road Ft. Myers, FL 33908		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.																											
SIGNATURE: <i>Harold L. Martin</i>		DATE: 2-12-07																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DAYTIME PHONE # 239-8502923																									