

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000020243

**FILED**  
**Apr 20, 2007**  
**Secretary of State**

**Entity Name:** KINGMAN CUSTOM STAIRS & TRIM, LLC

**Current Principal Place of Business:**

436 LYTLE STREET  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

436 LYTLE STREET  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

**FEI Number:** 20-4366649      **FEI Number Applied For** ( )      **FEI Number Not Applicable** ( )      **Certificate of Status Desired** (X)

**Name and Address of Current Registered Agent:**

KINGMAN, SANDRA  
436 LYTLE STREET  
WEST PALM BEACH, FL 33405      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:** KINGMAN, FREDERICK D  
**Address:** 436 LYTLE STREET  
**City-St-Zip:** WEST PALM BEACH, FL 33405

**ADDITIONS/CHANGES:**

**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: FREDERICK D KINGMAN

MGRM

04/20/2007

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