


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 13, 2007 8:00 am**  
**Secretary of State**

08-13-2007 90046 005 \*\*\*\*50.00

<b>DOCUMENT # L06000071338</b>					
1. Entity Name <b>S &amp; M CABINETMAKERS, LLC</b>					
Principal Place of Business <b>P.O. BOX 1300 SAN ANTONIO, FL 33576</b>			Mailing Address <b>P.O. BOX 1300 SAN ANTONIO, FL 33576</b>		
2. Principal Place of Business - No P.O. Box # <b>12815 JOE HARIG RD</b>			3. Mailing Address		
Suite, Apt. #, etc. <b>SAN ANTONIO, FLA</b>			Suite, Apt. #, etc.		
City & State			City & State		
Zip <b>33576</b>	Country <b>USA</b>	Zip	Country	4. FEI Number <b>20-5216898</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>MARK, HENSLEY 12815 JOE HARIG RD SAN ANTONIO, FL 33576</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip 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 registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HENSLEY, MARK T PO BOX 1300 SAN ANTONIO, FL 33576</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HAMORY, SAM 37450 LAYTON RD. DADE CITY, FL 33525</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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

*Sam Hamory*

60054696



07072007 Chg-LLC CR2E083 (12/06)