2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 24, 2007 8:00 am Secretary of State

4/3

DOCUMENT # L06000090168 1. Entity Name CREATIVE DOOR & MILLWORK INSTALLATIONS, LLC						04-30-20	07 90051	022 **	**55.00
Principal Place 2840 SOUTI		Mailing Address 2840 SOUTH STREET FT. MYERS, FL 33916							
2. Principal f	Place of Business - No P.O. Box #	3. Mailing Address		 					
		Suite, Apt. #, etc.		_		05:00 10:00	III-II III-		
Suite, Apt. #. etc.				03292007		CR2E0	33 (12/06)		
City & State		City & State		4. FEI Numi	-54378		N	pplied For lot Applicable	
Zip	Country	Zip	Countr	ry 	5. Certificat	e of Status Desired	8 .	55.00 Ad ee Require	iditional ed
	Name and Address of Current -	Registered Agent		Name	7. Name an	d Address of New F	Registered A	gent	
GOODLETTE, COLEMAN & JOHNSON, P.A. 4001 TAMIAMI TRAIL NORTH, SUITE 300			ŀ	Street Address	s (P.O. Bax Numl	per is Not Acceptable	ie)		
NAPLES.	FL 34103								_
			F	City			FL	Zip Cod	te
	named entity submits this statement for	or the purpose of changing its re	egistered	d office or regist	ered agent, or b	oth, in the State of Flo	orida. I am la	miliar with.	, and accept
SIGNATURE									ľ
r e		most title of experiences ANTE:	Securior of	A	adman retenation nat		0478		
	Signature, typed or printed name of registered agent	end trie if epiphicable (NOTE :	Registered /	Agent eignature requi	ed when reinsteang)		DATE		
F	Signature, typed or printed name of registered agent Hing Fee is \$50.00 ue by May 1, 2007	and title if applicable (NOTE:	Registered /	Agent elignature requi	ed when reinstaking)		DATE te check pa a Departme		ъ
9.	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE		Regissered /	Agant eignature requi	ed when reinsteiling)		ie check pa a Departme		19
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9. TITLE NAME STREET ADDRESS	iling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE MGR STOCK, STEVE 2840 SOUTH STREET	RS/MANAGERS	10. TITLE NAME STREET CITY-S TITLE NAME	ADDRESS ST-ZIP	ed when reinsteing)	Florida	te check pa a Departme	nt of Stat	
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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.

SIGNATURE: And D Box	5/15	12007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE	7,	/Date	Daytime Phone 8