2007 LIMITED LIABILITY COMPANY ANNUAL REPORT:

FILED Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # L06000105477 1. Entity Name KLASSIC CABINETS, LLC					A Company	03-12-200	7 90483 046 ******	0.00
Principal Place of Business 4984 PALM COAST PARKWAY SUITE 3 PALM COAST, FL 32137 US		Mailing Address 4984 PALM COAST PARKWAY SUITE 3 PALM COAST, FL 32137 US					·	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02232007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Num	579 °	~~ ~ 	oplied For ot Applicable	
Zip	Country	Zip	Cour	ntry	5. Certifical	e of Status Desired	□ \$5.00 Add	litional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
KANGAG	D4D04D4 4	Name						
12 WALLA	BARBARA A NPLACE AST, FL 32164		Street Address (P		s (P.O. Box Num	ber is Not Acceptab	le)	
, ALIA OO	767,72 52154	07.				75000		
The above named entity submits this statement for the purpose of changing its register.				City FL Zip Code ed office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
the obligat	tions of registered agent.		- · · · y · · · ·	g		,		and addopt
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registere	ed Agent signature requi	red when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2007							, ke check payable to la Department of Stat	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	CHANGES	
TITLE	MGRM	☐ Delete	TITL	E			☐ Change	Addition
NAME STREET ADDRESS	KANGAS, BARBARA A		NAM					Tel Service
CITY-ST-ZIP	12 WALLA PLACE PALM COAST, FL 32164			EET ADDRESS '-ST-ZIP			•	34.
TITLE	MGRM .						☐ Change	☐ Addition
NAME	DIAZ, LORI	NAM NAM		- 1				☐ vooiiičii
STREET ADDRESS	3 WAINWOOD PLACE	WAINWOOD PLACE STREET		EET ADDRESS				
CITY-ST-ZIP	PALM COAST, FL 32164		-ST-ZIP					
TITLE	_ 25000		TITL	ł			☐ Change	☐ Addition
NAME STREET ADDRESS			NAM	I				-
CITY-ST-ZIP				EET ADDRESS '- ST - ZIP				
TITLE		☐ Delete	TITL				☐ Change	Addition
NAME			NAM	I				
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CITY-ST-ZIP				'-ST-ZIP				\$r
TITLE NAME		☐ Delete	TITL	I			Change	Addition
STREET ADDRESS			NAM STRI	EET ADDRESS				•
CITY-ST-ZIP				-SI-ZIP				
TITLE	··	☐ Delete	TITE	E			☐ Change	Addition
NAME			NAM				_ •	
STREET ADDRESS				EET ADDRESS				4
	dr. o o							
11. I hereby of indicated limited lia	certify that the information supplied with lon this report is true and accurate and ability company or the regeiver or truste	n this filing does not qualify for I that my signature shall have e empowered to execute this	or the exe	mptions containe e legal effect as i s required by Cha	ed in Chapter 119 f made under oa apter 608, Florida), Florida Statutes. I th; that I am a mana a Statutes.	further certify that the info aging member or manage	ormation er of the