

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033778

Entity Name: FINE WOODWORKS LTD CO

FILED  
May 06, 2008  
Secretary of State

**Current Principal Place of Business:**

2239 15TH ST  
SUITE A  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 51178  
SARASOTA, FL 34232

**New Mailing Address:**

2239 15TH ST  
SUITE A  
SARASOTA, FL 34237

FEI Number: 77-0676961      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

ARMBRUST, DAVID M  
3024 SALEM AVE  
SARASOTA, FL 34232      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: ARMBRUST, DAVID M  
Address: 3024 SALEM AVE  
City-St-Zip: SARASOTA, FL 34232

Title: MGRM ( ) Delete  
Name: ARMBRUST, SABINA M  
Address: 3024 SALEM AVE  
City-St-Zip: SARASOTA, FL 34232

Title: MGRM ( ) Delete  
Name: EVERTS, SAMUEL J  
Address: 5551 CAMELFORD TER  
City-St-Zip: SARASOTA, FL 34232

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVE ARMBRUST

MANA

05/06/2008

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