2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000001583

1. Entity Name

INTERSTOCK PREMIUM CABINETRY, LLC



FILED
May 01, 2006 08:00 A
Secretary of State

Principal Place of Business 915 PENNSYLVANIA BLVD. FEASTERVILLE, PA 19053 Mailing Address

915 PENNSYLVANIA BLVD. FEASTERVILLE, PA 19053



DO NOT WRITE IN THIS SPACE

03202006 No Chg-LLC CR2E083 (11/05)

 4. FEI Number
 Applied For

 56-2493474
 Not Applicable

5. Certificate of Status Desired 55.00 Additional Fee Regulared

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstating)

DATE

Filing Fee Is \$50.00 Due by May 1, 2006

U00000546396 15711706-80117-002-50-0

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	INDIK, DAVID
STREET ADDRESS	915 PENNSYLVANIA BLVD.
CITY-ST-ZIP	FEASTERVILLE, PA 19053
TITLE	MGRM
NAME	WARMAN, BERNARD
STREET ADDRESS	915 PENNSYLVANIA BLVD.
CITY-ST-ZIP	FEASTERVILLE, PA 19053
HILLE	MGRM
NAME	KATZMAN, JACK
STREET ADDRESS	915 PENNSYLVANIA BLVD.
CITY-SI-ZIP	FEASTERVILLE, PA 19053
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TRLE	
NAME	
STREET ADDRESS	
CHY - ST - ZIP	
TITLE	
NAME	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 speciver or trustee empowered to exempt this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Davilme Phone #