


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90272 044 \*\*\*138.75

<b>DOCUMENT # L03000048553</b>			
1. Entity Name RANDOLPH D ROBINSON CARPENTRY LLC			
Principal Place of Business 2338 NE 18TH AVENUE OCALA, FL 34470 US		Mailing Address 2338 NE 18TH AVENUE OCALA, FL 34470 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROBINSON, RANDOLPH D 2338 NE 18TH AVENUE OCALA, FL 34470		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Randolph D Robinson</i>		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBINSON, RANDOLPH D 2338 NE 18TH AVENUE OCALA, FL 34470 <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
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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.			
SIGNATURE: <i>Randolph D Robinson</i>		4-2-08 3523626693	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	
<i>RANDOLPH D ROBINSON</i>			

30003397



03122008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
42-1610812 Applied For  
Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required