


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90041 039 \*\*\*\*50.00

DOCUMENT # L03000053376

1. Entity Name  
 PIERCE CUSTOM CARPENTRY LLC



Principal Place of Business      Mailing Address

14900 SW 24TH PLACE      14900 SW 24TH PLACE  
 OCALA, FL 34481      OCALA, FL-34481

**DO NOT WRITE IN THIS SPACE**



03142006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 20-0506952	Applied For Not Applicable
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5. Certificate of Status Desired        \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PIERCE, RANDY J  
 14900 SW 24TH PLACE  
 OCALA, FL 34481

**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 Randy J. Pierce      DATE 4/5/06

Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PIERCE, RANDY J 14900 SW 24TH PLACE OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Robert S. Copenhaver [ADD] 7897 C.R. 109E Ladylk. Fla., 32159
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Randy J. Pierce      DATE 4/5/06      DAYTIME PHONE # (352) 266-0389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #