
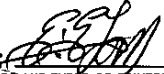


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 MAR -2 AM 7:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                                     |                     |  |   |   |
|---|-------------------------------------|---------------------|--|---|---|
| DOCUMENT # L04000000343   |                                     |                     |  |  |   |
| 1. Entity Name<br><b>MALDONADO CARPENTRY LLC</b>  |                                     |                     |  |   |   |
| Principal Place of Business<br>2106 AUTUMN LANE<br>TALLAHASSEE, FL 32305  |                                     |                     | Mailing Address<br>P O BOX 853<br>GRETNA, FL 32332           |   |   |
| 2. Principal Place of Business  |                                     | 3. Mailing Address  |  |   |   |
| Suite, Apt. #, etc.   |                                     | Suite, Apt. #, etc. |  |   |   |
| City & State  |                                     | City & State        |  | 4. FEI Number   |   |
| Zip   |                                     | Country             |  | 02022005    Chg-LLC    CR2E083 (10/03)  |   |
| 6. Name and Address of Current Registered Agent   |                                     |                     |  | 7. Name and Address of New Registered Agent                                       |   |
| MALDONADO, ELIAS L<br>2106 AUTUMN LANE<br>TALLAHASSEE, FL 32305   |                                     |                     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                |   |
|   |                                     |                     |  | State: <b>FL</b> 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |                                     |                     |  |   |   |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |                                     |                     | <b>Make check payable to<br/>Florida Department of State</b> |   |   |
| 9. MANAGING MEMBERS/MANAGERS  |                                     |                     |  | 10. ADDITIONS/CHANGES   |   |
| TITLE   | MGR <input type="checkbox"/> Delete |                     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  | MALDONADO, ELIAS                    |                     |  | NAME  |   |
| STREET ADDRESS  | P O BOX 853                         |                     |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   | QUINCY, FL 32332                    |                     |  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete     |                     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                     |                     |  | NAME  |   |
| STREET ADDRESS  |                                     |                     |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                     |                     |  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete     |                     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                     |                     |  | NAME  |   |
| STREET ADDRESS  |                                     |                     |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                     |                     |  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete     |                     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                     |                     |  | NAME  |   |
| STREET ADDRESS  |                                     |                     |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                     |                     |  | CITY-ST-ZIP   |   |
| TITLE   | <input type="checkbox"/> Delete     |                     |  | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME  |                                     |                     |  | NAME  |   |
| STREET ADDRESS  |                                     |                     |  | STREET ADDRESS  |   |
| CITY-ST-ZIP   |                                     |                     |  | CITY-ST-ZIP   |   |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:   |                                     |                     |  | Date: <b>3 2. 05</b>  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |                                     |                     |  |   |   |



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