


## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
07 JAN 18 PM 12:41

<b>DOCUMENT # L04000000343</b> 1. Entity Name <b>MALDONADO CARPENTRY LLC</b>	
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Principal Place of Business <b>2106 AUTUMN LANE TALLAHASSEE, FL 32305</b>	Mailing Address <b>P O BOX 853 GRETNA, FL 32332</b>
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2. Principal Place of Business - No P.O. Box # <b>1860 SHADY SIDE CIR</b> Suite, Apt. #, etc.	3. Mailing Address <b>1860 SHADY SIDE CIR.</b> Suite, Apt. #, etc.
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City & State <b>TALLAHASSEE, FL</b>	City & State <b>TALLAHASSEE, FL</b>	Zip <b>32305</b>	Country <b>USA</b>
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<b>6. Name and Address of Current Registered Agent</b> <b>BENFIELD, RON 58 SIOUX CIRCLE HAVANA, FL 32333</b>		<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	<b>MGRM</b> <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALDONADO, ELIAS</b>	NAME	<b>1860 Shady side Cir</b>
STREET ADDRESS	<b>P O BOX 853</b>	STREET ADDRESS	<b>Tallahassee, FL 32305</b>
CITY - ST - ZIP	<b>GRETNA, FL 32332</b>	CITY - ST - ZIP	<b>FL 32305</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOPES, JESUS</b>	NAME	
STREET ADDRESS	<b>P.O. BOX 853</b>	STREET ADDRESS	
CITY - ST - ZIP	<b>GRETNA, FL 32332</b>	CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALVAREZ PACHECO, HUGO</b>	NAME	<b>600085004016</b>
STREET ADDRESS	<b>P.O. BOX 853</b>	STREET ADDRESS	<b>01/18/07--01025--017 **50.00</b>
CITY - ST - ZIP	<b>GRETNA, FL 32332</b>	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 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: *[Signature]* Date: 1 18 07 Daytime Phone # \_\_\_\_\_

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