FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90210 014 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000042768

1. Entity Name
WALLACE CARPENTRY, LLC

[redacted]

01072004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
36 MICHIGAN DR. TERRA CEIA, FL 34250	P.O. BOX 183 TERRA CEIA, FL 34250

2. Principal Place of Business	3. Mailing Address
36 MICHIANA DRIVE	PO BOX 183
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TERRA CEIA, FL.	City & State: TERRA CEIA, FL.
Zip: 34250 Country: USA.	Zip: 34250 Country: USA

4. FEI Number 030531123 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WALLACE, KENNETH A
36 MICHIGAN DR.
TERRA CEIA, FL 34250

7. Name and Address of New Registered Agent

Name: WALLACE, KENNETH A
Street Address (P.O. Box Number is Not Acceptable): 36 MICHIANA DR.
City: TERRA CEIA FL Zip Code: 34250

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. STREET NAME CORRECTED ONLY.

SIGNATURE: [signature] 1-16-04
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, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE	MANAGER	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KENNETH WALLACE		NAME	
STREET ADDRESS	36 MICHIANA DRIVE		STREET ADDRESS	
CITY-ST-ZIP	TERRA CEIA, FL. 34250		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ 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: [signature] 1-16-04 941-812-5015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #