2007 LIMITED LIABILITY COMPANY

14

ANNUAL REPORT DOCUMENT # L03000044600 FILED 1. Entity Name **NETTLES CARPENTRY LLC** 07 JAN 12 AM 10: 40 FALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8045 BLUE SMOKE DRIVE 8045 BLUE SMOKE DRIVE TALLAHASSEE, FL 32312 TALLAHASSEE, FL 32312 CR2E083 (11/05) 01122007 No Chg-LLC DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 32-0098355 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent **NETTLES, WILLIAM J** DO NOT WRITE 8045 BLUE SMOKE DRIVE TALLAHASSEE, FL 32312 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE **400085646564** 01/23/07--01006--006 ***50.00 Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS THE MGR NETTLES, WILLIAM J NAME 8045 BLUE SMOKE DRIVE STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32312 TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE