2005 LIMITED LIABILITY COMPANY

FILED Apr 27, 2005 8:00 am

ANNOAL REPORT					Secretary of State		
DOCUMENT # L03000044791 1. Entity Name RBS CARPENTRY & TRIM LLC						0024 007 ****50	
Principal Place of Business 8345 DELAWARE DR. WEEKI WACHI, FL. 34607		Mailing Address 8345 DELAWARE DR WEEKI WACHI, FL 34607		14001424			
2. Principal Place of Business 3308 OFANDLIA DIA		3. Mailing Address 3308 Oleander DR					
Suite, Apt. #, etc. HERNANDO Beh. Fl.A. City & State -1.		Suite, Apt. #, etc. City & State		02122005 Chg-LLC	CR2E083 (10/03)	plied For	
+ IA		HA.		13-4268589		t Applicable	
zip346	07 Herundo	zip 34607	Country Herman	do	5. Certificate of Status Desired	□ \$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent Name \(\chi \)				۸,	7. Name and Address of New Registered Agent		
	OBERT B JR AWARE DR.	<u>Itoball</u>		T B SmHh 57 P.O. Box Number is Not Acceptable)	K		
WEEKI WACHI, FL 34607		•	3	308	Oleander DR	<u> </u>	· · · · · · · · · · · · · · · · · · ·
		City Herry		ando Bel.	FL Zip Code	607	
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 privated name of registered agent and be applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$50,00 Due by May 1, 2005					check peyable to repartment of State	b	
9.	MANAGING MEMBE		10.	· · · · · ·	ADDITIONS/CI	 	
NAME STREET ADDRESS CITY-ST-ZIP	SMITH, ROBERT B JR 3308 OLEANDER DR HERNANCO BEACH, FL 34607	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
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TITLE NAME		☐ Delete	TITLE NAME			☐ Change	■ Addition

11. I hereby certify that the information supplied with this fitting 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 eath; that I am a managing member or manager of the limited liability company or the repeiver or bustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 2

STREET ADDRESS CITY-ST-ZIP