

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000046507

Entity Name: P&P CARPENTRY, LLC

FILED  
May 05, 2005  
Secretary of State

## Current Principal Place of Business:

114 ALDER  
APT 2  
FORT WALTON BEACH, FL 32548

## New Principal Place of Business:

353 GARDEN DRIVE  
FORT WALTON BEACH, FL 32548

## Current Mailing Address:

114 ALDER  
APT 2  
FORT WALTON BEACH, FL 32548

## New Mailing Address:

353 GARDEN DRIVE  
FORT WALTON BEACH, FL 32548

FEI Number: 59-3736852      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

PANACEK, PETR  
114 ALDER  
APT 2  
FORT WALTON BEACH, FL 32548 US

## Name and Address of New Registered Agent:

PANACEK, PETR  
353 GARDEN DRIVE  
FORT WALTON BEACH, FL 32548 US

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.

SIGNATURE:

05/05/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: PANACEK, PETR  
Address: 114 ALDER APT 2  
City-St-Zip: FORT WALTON BEACH, FL 32548

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: PANACEK, PETR  
Address: 353 GARDEN DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PETR PANACEK

MGRM

05/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date