2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90071 041 ****50.00

DOCUMENT # L03000046802

1. Entity Name
ANTHONY'S CUSTOM CARPENTRY LLC

Principal Place of Business	Mailing Address
410 SHORELINE DR.	APC 410 SHORELINE DR.
APC ~~GOLF~~ BREEZE, FL 32561 US	~~GOLF~~ BREEZE, FL 32561 US
Gulf Breeze, Fl 32561	Gulf Breeze, Fl 32561

04272004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
410 Shoreline Dr.	410 Shoreline Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Gulf Breeze, Fl	Gulf Breeze, Fl
City & State	City & State
Zip 32561 Country Santa Rosa	Zip 32561 Country

4. FEI Number ~~[struck through]~~ Applied For ✓ Not Applicable

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

6. Name and Address of Current Registered Agent

CUNNINGHAM, ANTHONY P PRES.
APC 410 SHORELINE DR.
~~GOLF~~ BREEZE, FL 32561
Gulf Breeze, Fl, 32561

7. Name and Address of New Registered Agent

Name N/A
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 Anthony P. Cunningham 4/27/04
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 None	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CUNNINGHAM, ANTHONY P 410 SHORELINE DR. APC ~~GOLF~~ BREEZE, FL 32561 Gulf Breeze, Fl 32561	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	N/A ☐ 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 STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Anthony P. Cunningham 4/27/04 (850) 932-5298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #