2005 LIMITED LIABILITY COMPANY

Jan 21, 2005 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # L03000050649** 1. Entity Name ROBERT PELLERIN CARPENTRY, L.L.C. Principal Place of Business Mailing Address **6353 LANIER DRIVE 6353 LANIER DRIVE** PENSACOLA, FL 32504 PENSACOLA, FL 32504 01182005No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0017633 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PELLERIN, KRISTINA E DO NOT WRITE 6353 LANIER DRIVE PENSACOLA, FL 32504 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, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9. TITLE MGR UDDAMA 89529. PELLERIN, ROBERT NAME 01/24/05-80097-009 50.00 STREET ADDRESS 6353 LANIER DRIVE CRY-ST-ZIP PENSACOLA, FL 32504 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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.

STREET ADDRESS CMY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SYCHAGE MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED