

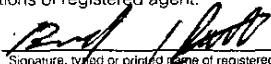
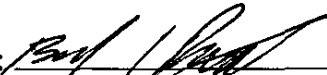


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90557 014 ****50.00

DOCUMENT # L03000050678 1. Entity Name BRAD'S CARPENTRY L.L.C.					
Principal Place of Business 2929 LANTERN DR SO. DAYTONA FL 32119				Mailing Address 2929 LANTERN DR SO. DAYTONA FL 32119	
2. Principal Place of Business 2929 Lantern Dr.		3. Mailing Address 2929 Lantern Dr.		 MOORE CR2E083 (11/03)	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A			
City & State South Daytona FL.		City & State South Daytona FL.			
Zip 32119		Zip 32119		4. FEI Number N/A	
Country Volusia		Country Volusia		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent RATHMAN, BRADLEY J 2929 LANTERN DR ST. DAYTONA FL 32119	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>				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  Bradley J Rathman 3-18-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004				9. MANAGING MEMBERS / MANAGERS	
TITLE MGR <input type="checkbox"/> Delete		NAME RATHMAN, BRADLEY J		STREET ADDRESS 2929 LANTERN DR	
CITY-ST-ZIP SO. DAYTONA FL 32119		CITY-ST-ZIP Lantern Dr.		CITY-ST-ZIP SO. DAYTONA FL 32119	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  Bradley J Rathman 3-18-04 760-5466 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date Daytime Phone #	