## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1. Entity Nan	MENT # L030000506 CARPENTRY L.L.C.	•		Feb 17, 2005 08:00 AM Secretary of State					
Principal Plac	e of Business	Mailing Address	Mailing Address		1				
2929 LANT		2929 LANTERN DR							
SOUTH DAYTONA FL 32119		SOUTH DAYTONA FL 32119							
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2. Principal Place of Business		3. Mailing Address			1 1				
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Suite, Apt. #, etc		Suite, Apt. #, etc.				1st MOORE	CR2E08	3 (10/04)	
City & State		City & State			4. FEI Nun	nber NO-T APPL	CABLE	<u> </u>	plied For t Applicable
Zip	Country	Zip	Zip Count		5. Certifica	ate of Status Desired		\$5.00 Add	fitional
E. Namo and Address of Curren		Domintored Ament	piotored Agent					Fee Require	d
	6. Name and Address of Current	Hegistered Agent		Name	/. Name a	nd Address of New R	egistered .	Agent	
RAT	HMAN, BRADLEY J								
292	9 LANTERN DR			Street Address (P.O. Box Number is Not Acceptable)					
51.	DAYTONA FL 32119					-			
				City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Cod	3
8. The above	named entity submits this statement for	or the purpose of changing its	s register	ed office or registe	ered agent, or	hoth, in the State of Flo			and accent
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 - Bondly / Rathmorn						2-	<u>-06</u>	-05	<del></del>
SIGNATURE Signature, typed or printed name of registered agent and ride if applicable (NOTE Registered Agent signature required when reinstating)  DATE									
	•	1		FEE IS \$50.00	_h`_e`m	110000023	SCUN		
		Make Check Payable to Florida Departme Due By May 1, 2005			ent of State	100000023   02/17/05-80	044-01	0 50.00	
9.	MANAGING MEMBI		10.	4, 1, 2000		ADDITIONS/			<del></del>
THILE	MGR	□ Delete	TITL	F 1	<del> </del>	ADDITIONS/	CHANGES	Change □	☐ Addition
NAME	RATHMAN, BRADLEY J		NAM						
STREET ADDRESS			STRE	EFF ADDRESS					
CITY-ST-ZIP	SOUTH DAYTONA FL 32119	· · · · · · · · · · · · · · · · · · ·	CITY	-S1-ZP					
TITLE		Delete	TITLI					Change	Addition
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CITY-ST-ZIP	}			-ST-ZIP					
TITLE		☐ Dalete	THU	Ę				Change	Addition
NAME	(		NAM	-					
STREET ADDRESS	# 			EFT ADDRESS					
CITY-ST-ZIP				- ST- ZIP				<u> </u>	
TITLE NAME		☐ Delete	TITLI					Change	Addition
STREET ADDRESS				ET ADDRESS					
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TITLE		☐ Delete	UIL	ļ.				Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP				EFFADDRESS '-ST-ZiP					
TITLE	<u> </u>	□ Delete	TITL	<del></del>	<u></u>			☐ Change	☐ Addition
NAME		C Delete	NAM					ondigo	
STREET ADDRESS				ET AODRESS					
CITY-ST-ZIP				-S1-ZIP					**
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.									

FILED