

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050959

FILED
Apr 19, 2005
Secretary of State

Entity Name: WATERS CARPENTRY SERVICES"L.L.C."

Current Principal Place of Business:

165 PINE DR
INTERLACHEN, FL 32148 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1268
INTERLACHEN, FL 32148 US

New Mailing Address:

FEI Number: 20-0486286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, JACK T
165 PINE DR
INTERLACHEN, FL 32148 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: WATERS, JACK T
Address: 165 PINE DR
City-St-Zip: INTERLACHEN, FL 32148 US

Title: MGRM (X) Delete
Name: WATERS, DEBBIE M
Address: 165 PINE DR
City-St-Zip: INTERLACHEN, FL 32148 US

Title: MGRM () Delete
Name: WATERS, JASON M
Address: 507 S 17TH STREET
City-St-Zip: PALATKA, FL 32177 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JACK T. WATERS

MGRM

04/19/2005

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