2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 13, 2006 08:00 AM Secretary of State

ANNUAL KEPUKI				Secretary of State	
DOCUMENT # L03000052788			A		v
1. Entity Name NORTHWEST FLORIDA CARPENTERS, LLC					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			
Principal Plac	e of Business	Mailing Address			
10240 BOWMAN AVENUE 10240 BOWMAN AVENUE PENSACOLA, FL 32534 PENSACOLA, FL 32534				·	
PENSAUDLA,	TL 32534	PENSACOLA, FL 32534			nin (1800) immel ining (2000) 307 JBS7
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DO NOT WRITE IN THIS SPACE				04172008 No Chg-LLC CF	RZE083 (11/05)
				4. FEI Number 20-0488001	Applied For Not Applicable
				5. Certificate of Status Desired	\$5.00 Additional
	5. Name and Address of Current	Registered Agent			Fee Required
	•				:
CEDENO, RALPH E 10240 BOWMAN AVENUE			}	do not wri	I E
PENSACOLA, FL 32534				IN THIS SPACE	E
			{		
		r the purpose of changing its registe	red office or register	red agent, or both, in the State of Florida. I	am familiar with, and accept
the obligat	ions of registered agent.			•	
SIGNATURE_	Signalure, typed or printed name of registered agent	and the li applicable. (NOTE Register	ed Agent signature required	when reinstating) DA	76
	illing Fac is \$50 00			<u> </u>	
O.	iling Fee is \$50.00 ue by May 1, 2006			· · · · · · · · · · · · · · · · · · ·	
9.	MANAGING MEMBE	RS/MANAGE.RS	<u> </u>		<u> </u>
TITLE NAME	MGR CEDENO, RALPH E	• • • • • • • • • • • • • • • • • • •			
STREET ADDRESS	10240 BOWMAN AVENUE			<u> </u>	047
C/TY+ST-ZIP	PENSACOLA, FL 32534		-	84/27/06-80	047 946-023 55.00
TITLE NAME					
STREET ADDRECS CITY ST-ZIP		•			
THE			-		
NAME OTREET ADDRESS		•			<u> </u>
STREET ADDRESS CITY-ST-ZIP		,		DO NOT WRI	ΓE
TITLE			1	IN THIS SPACE	E
NAVAE STREET ADDRESS		*	1		
C(77-57-1%)			_{		
TITLE NABAE			1		
STREET ADDRESS		•	1		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 eath, that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Lash e Coderno SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING MANAGING MEMBER.

CITY ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY -ST-ZIP

4-18-06 (850) 723-8497