## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: Land July July Black Bignature and typed on printed name of Signing managing member, manager, or authorized representative

DOCUMENT # L03000053808  1. Entity Name						FILED		
RANDALL AHLSWEDE CARPENTRY LLC						Aug 25, 2008 08:00 AM Secretary of State	I	
Principal Place of Business		Mailing Address			Secretary of State			
1289 BOLTON RD. NEW SMYRNA BEACH FL 32168		1289 BOLTON RD. NEW SMYRNA BEACH FL 32168						
3 8 (2-11-	The state of the property	T	May an Addison			.		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				2nd MOORE CR2E083 (4/08)		
City & State		City & State			4. FEI Number 65-0371995 Applied Not Ap	d For		
Zip	Country	Zip	Coun	ntry		5. Certificate of Status Desired   \$5.00 Addition Fee Required		
	6. Name and Address of Current	Registered Agent		Name		7. Name and Address of New Registered Agent		
AHLSWEDE, RANDALL								
1289 BOLTON RD. NEW SMYRNA BEACH FL 32168				Street Ad	ddress (F	P.O. Box Number is Not Acceptable)		
		,		City		FL Zip Code		
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								
Signature, typed or printed name of registered agont and their opposition (NOTE Registered Agont signature required when reinstating)  DATE  OF THE PROPERTY O							*400.00	
Make Check Payable t			C 15 C 16 C	of the tipe to be a con-	ひくせいだいがんご	S.607.193(2)(b), F.S., allows for the waiver of the state late fee. By checking this box; the limited if	hability	
• • • • •		Make Check Payable to Florida Departme  Due By September 3, 2008		N 1211 - 1212	company certifies it did not receive prior notice file is \$138.75	Fee to		
9.	MANAGING MEMBE	S/MANAGERS 10.		ปี 1. เมื่อในสารคิก	44 (206	ADDITIONS/CHANGES		
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CITY-ST-ZIP				-ST-ZIP			ĺ	
11. Thereby 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 spect in the good does not qualify 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 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.								

8-18-08