


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 24, 2004 8:00 am
Secretary of State

02-24-2004 90101 021 ****50.00

DOCUMENT # L03000054560	
1. Entity Name CHRIS POE CARPENTRY, L.L.C.	

Principal Place of Business 2962 SPINNAKER COURT TALLAHASSEE FL 32303	Mailing Address 2962 SPINNAKER COURT TALLAHASSEE FL 32303
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2. Principal Place of Business <i>SAME AS ABOVE</i>	3. Mailing Address <i>SAME AS ABOVE</i>
Suite, Apt. #, etc. <i>1</i>	Suite, Apt. #, etc.

City & State <i>Florida</i>	City & State <i>Florida</i>
Zip <i>32303</i>	Zip <i>32303</i>
Country <i>USA</i>	Country <i>USA</i>



MOORE CR2E083 (11/03)

4. FEI Number	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 POE, CHRISTOPHER H 2962 SPINNAKER COURT TALLAHASSEE FL 32303	7. Name and Address of New Registered Agent Name <i>Christopher H Poe</i> Street Address (P.O. Box Number is Not Acceptable) <i>2962 Spinnaker Ct</i> City <i>Tallahassee</i> FL Zip Code <i>32303</i>
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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 *Christopher H Poe* DATE *2/19/04*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POE, CHRISTOPHER H 2962 SPINNAKER COURT TALLAHASSEE FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Christopher H Poe* *christopher H Poe* DATE *2/19/04* 595-7492

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