

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054946

Entity Name: CARPENCOR LTD. CO.

FILED  
Apr 13, 2005  
Secretary of State

**Current Principal Place of Business:**

4450 NW 175TH ST  
CAROL CITY, FL 33055

**New Principal Place of Business:**

**Current Mailing Address:**

4450 NW 175TH ST  
CAROL CITY, FL 33055

**New Mailing Address:**

FEI Number: 51-0495279

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CLARKE, STEPHEN  
6790 NW 186TH ST., BLDG. #3, APT. 104  
HIALEAH, FL 33015 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: MGR ( ) Delete  
Name: CLARKE, STEPHEN  
Address: 6790 NW 186TH ST., BLDG. #3, APT. 104  
City-St-Zip: HIALEAH, FL 33015

Title: MGRM ( ) Delete  
Name: TAYLOR, MICHAEL  
Address: 417 NE 191ST ST., 205-3  
City-St-Zip: MIAMI, FL 33179

**ADDITIONS/CHANGES:**

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: STEPHEN CLARKE

PRES

04/13/2005

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