

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055546

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** JOSEPH THE CARPENTER LLC

**Current Principal Place of Business:**

149 FOREST LN  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1521  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

**FEI Number:** 11-5173001      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SNELLING, ROBERT  
149 FOREST LN  
CRAWFORDVILLE, FL 32327      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: SNELLING, ROBERT JOSEPH  
Address: PO BOX 1521  
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: MGRM      ( ) Delete  
Name: SNELLING, JONAH  
Address: PO BOX 1521  
City-St-Zip: CRAWFORDVILLE, FL 32326

**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: ROBERT SNELLING

MGR

04/26/2005

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