

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90145 009 ****55.00

DOCUMENT # L03000056013

1. Entity Name

JAMES CARPENTRY LLC



Principal Place of Business

19213 STARRY STREET
ORLANDO FL 32833

Mailing Address

PO BOX 346
CHRISTMAS FL 32709-0346



2. Principal Place of Business

4746 DUNKELD AVE

Suite, Apt. #, etc.

3. Mailing Address

4746 DUNKELD AVE

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3777359

Applied For

Not Applicable

Zip

32822

Country

ORANGE

Zip

32822

Country

ORANGE

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROOKS, JAMES N
19213 STARRY STREET
ORLANDO FL 32833

7. Name and Address of New Registered Agent

Name

JAMES N BROOKS

Street Address (P.O. Box Number is Not Acceptable)

4746 DUNKELD AVE

City

ORLANDO

FL

Zip Code

32822

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME BROOKS, JAMES N
STREET ADDRESS 19213 STARRY STREET
CITY-ST-ZIP ORLANDO FL 32833

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGRM
NAME JAMES N BROOKS
STREET ADDRESS 4746 DUNKELD AVE
CITY-ST-ZIP ORLANDO FL 32822

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE:

James N Brooks

JAMES N BROOKS

1-31-06

407 832 4923