

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90372 026 ****55.00

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DOCUMENT # L03000056549 1. Entity Name TOP NOTCH CARPENTRY, LLC					
Principal Place of Business 3702 BELLWOOD DRIVE TALLAHASSEE, FL 32303			Mailing Address 3702 BELLWOOD DRIVE TALLAHASSEE, FL 32303		
2. Principal Place of Business 1045 E. PEARL ST. <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1045 E. PEARL ST <small>Suite, Apt. #, etc.</small>			
City & State MONTICELLO, FL Zip 32344		City & State MONTICELLO, FL Zip 32344		4. FEI Number 010795463	
Country USA		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCARTY, MARK A JR. 3702 BELLWOOD DRIVE TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name SARA LISA MCCARTY (MANAGING MEMBER) Street Address (P.O. Box Number is Not Acceptable) 1045 E. PEARL ST., City MONTICELLO, FL Zip Code 32344		
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 <i>Sara McCarty</i> (MGRM) <i>Mark A. McCarty Jr.</i> (MGRM) 4-29-05 <small>Signature, typed or printed name of registered agent and filer if applicable. Registered Agent signature required when/whenever.</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM <input type="checkbox"/> Delete MCCARTY, MARK A JR. 3702 BELLWOOD DRIVE TALLAHASSEE, FL 32303	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7 New <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER (MGRM) <input type="checkbox"/> Delete SARA LISA MCCARTY 1045 E. PEARL ST. MONTICELLO, FL 32344	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		
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		
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: <i>Mark A. McCarty Jr.</i> (MGRM) 4-29-05 (850) 443-0736 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> MARK A. MCCARTY JR					