## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 27, 2005 8:00 am Secretary of State

DOCUMENT # L0400000375  1. Entity Name JACKSON CARPENTRY, LLC							04-27-2005 90	0034 049 ****50	0.00
Principal Place of Business 111 CENTER ST FREEPORT, FL 32439 US			Mailing Address 111 CENTER ST FREEPORT, FL 32439 US		14002		The second secon		
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.		04192005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numbe	516966	<del></del>	pplied For ot Applicable		
Zip Country			Zip	p Country		7	of Status Desired	S5.00 Ad	ditional ed
	6. Name and Addre	ss of Current R	egistered Agent			7. Name and	Address of New Re	gistered Agent	
JACKSON, MILLARD C					Name				
111 CENTER ST. FREEPORT, FL 32439					Street Address (P.O. Box Number is Not Acceptable)				
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							• • • •	
					City	FL Zip Code			
	named entity submits the ions of registered agent.		the purpose of changing its	registere	ed office or register	red agent, or both	h, in the State of Flor	ida. I am familiar with	and accept
SIGNATURE .	Signature, typed or printed name	of registered agent an	d title if applicable (NOTE	Registere	d Agent signature required	1 when reinstating)		DATE	
Filing Fee is \$50.00 Due by May 1, 2005								check payable to	
Di	ue by May 1, 2005	•					Florida	Department of Stat	te
9.		AGING MEMBER	S/MANAGERS	10.			Florida ADDITIONS/0	-	e
9. TITLE NAME	MANA MGR JACKSON, MILLAR	AGING MEMBER	S/MANAGERS	TITLE	E			-	Addition
9.	MANA MGR	AGING MEMBER		TITLE NAM STRE	<b>I</b>			CHANGES	
9. TITLE NAME STREET ADDRESS	MANA MGR JACKSON, MILLAR 111 CENTER ST.	AGING MEMBER		TITLE NAM STRE CHY TITLE NAM STRE	E ET ADDRESS -ST-ZIP			CHANGES	
9.  IIILE NAME STREET ADDRESS CITY-ST-ZIP IIILE NAME STREET ADDRESS	MANA MGR JACKSON, MILLAR 111 CENTER ST.	AGING MEMBER	☐ Delete	TITLE NAM STRE CHY INTLE NAM STRE CHY TITLE NAM STRE	ET ADDRESS -ST-ZIP  E ET ADDRESS -ST-ZIP  -ST-ZIP			CHANGES Change	Addition
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11. 1 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: Multaul C. Jackson Millard C. Tackson 4-26-05 850-897
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone P