

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000000882

**FILED**  
**Apr 07, 2005**  
**Secretary of State**

**Entity Name:** TOMMY DAY MASTER CARPENTRY, LLC

**Current Principal Place of Business:**

700 N 2ND STREET  
LYNN HAVEN, FL 32444

**New Principal Place of Business:**

700 E 2ND STREET  
LYNN HAVEN, FL 32444

**Current Mailing Address:**

700 N 2ND STREET  
LYNN HAVEN, FL 32444

**New Mailing Address:**

700 E 2ND STREET  
LYNN HAVEN, FL 32444

**FEI Number:** 20-2607170

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAY, TOMMY E  
700 N 2ND STREET  
LYNN HAVEN, FL 32444 US

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

DAY, TOMMY E  
700 E 2ND STREET  
LYNN HAVEN, FL 32444 US

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: TOMMY E. DAY

04/07/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: DAY, TOMMY E  
Address: 700 N 2ND STREET  
City-St-Zip: LYNN HAVEN, FL 32444

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DAY, TOMMY E  
Address: 700 E 2ND STREET  
City-St-Zip: LYNN HAVEN, FL 32444

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: TOMMY E. DAY

MGRM

04/07/2005

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