2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPURT (AR)					Feb 27, 2006 08:00 AM				
DOCUMENT # L04000002819 1. Entity Name					Secretary of State				
GREG HA	GANS CARPENTRY LLC		} {		7				
Principal Place	e of Business	Mailing Address	Mailing Address						
438 ALPINE WAY PANAMA CITY FL 32404 US		438 ALPINE WAY PANAMA CITY FL 32404 US							
2. Principal P	lace of Business	3. Mailing Address		. •					
Suite, Apt. If, etc.		Suite, Apt. #, etc.			1st MOORE	c	CR2E083	(10/05)	
City & State		City & State		4. FEI Number 20-05	575879		<u> </u>	plied For Applicable	
Zip	Zip Country		Country		5. Certificate of Status C	Jesired		\$5.00 Add Fee Required	litional
	5. Name and Address of Curre	ent Registered Agent			7. Name and Address	of New Re	gistered		
		•		Name					
438	GANS, GREG HAGANS WAY IAMA CITY FL 32404		Street Address ((P.O. Box Number is Not As	:ceptable))	<u> </u>	
				City			FL	Z _{ip} Code	· · · •
	named entity submits this statemer lons of registered agent.	nt for the purpose of changing	g its registered	office or regist	ered agent, or both, in the S	ate of Flor	rida. I am	familiar with,	and accept
SIGNATURE			BETTE Basilional	lamat alaambuu saarii	and union religional	 	DATE		
	Signature, typed or printed name of registered a	A CONTRACTOR OF THE PROPERTY O	غارفه معاشم فاشت	gent signature requir	14 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		DATE		
		Make Check Pay		EE IS \$50.00					
			Due By May		TANTOTTO TO THE PARTY OF THE PA				
9.	MANAGING MEN	MBERS/MANAGERS	10.	<u> </u>	AD!	DITIONS/	CHANGES		
TITLE	MGRM	☐ Delete	TITLE					☐ Change	Addition 🔲
NAME	HAGANS, GREG	*	NAME						
STREET ADDRESS CITY-ST-ZIP	438 ALPINE WAY		STREET City-5	ADDRESS T-7IP	<u> </u>		7104		
}	PANAMA CITY FL 32404	☐ Delete	JULE			05-30 0	940-01	3 50 √00 Change	Addition
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NAME .	{			}					
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STREET ADDRESS	ŀ		NAME STREET	ADORESS					
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NAME			NAME CTOCCT	r adoress					
STREET ADDRESS CITY-ST-TIP			SIREE	1					
11 I hereby	certify that the information supplied	with this filing does not aua	lify for the exe	emotions contai	ned in Section 119, Florida	Statutes. (further ce	rtify that the i	— Information
(indicated	I on this report is true and accurate ability company or the receiver or to	and that my signature shall	have the sam	e legal ellect a	s if made under oath: that t	am a mar	naging me	mber or man	ager of the

FILED

SIGNATURE: They Alogons carports LLC. 2/21/06 850-274-2159