

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000004548

FILED  
Feb 04, 2008  
Secretary of State

Entity Name: FINISH CARPENTRY SOLUTIONS LLC

**Current Principal Place of Business:**

5455 PALMETTO WOODS DR.  
NAPLES, FL 34119 US

**New Principal Place of Business:**

**Current Mailing Address:**

5455 PALMETTO WOODS DR.  
NAPLES, FL 34119 US

**New Mailing Address:**

FEI Number: 32-0105628      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

MADDEN, EUGENE S  
2505 JACKSON ST.  
FORT MYERS, FL 33901 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MADDEN, EUGENE S  
Address: 2505 JACKSON ST.  
City-St-Zip: FORT MYERS, FL 33901 US

Title: MGRM ( ) Delete  
Name: MADDEN, CHRIS  
Address: 5455 PALMETTO WOODS DR.  
City-St-Zip: NAPLES, FL 34119 US

Title: MGRM ( ) Delete  
Name: MADDEN, JOANN  
Address: 5455 PALMETTO WOODS DR.  
City-St-Zip: NAPLES, FL 34119 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOANN MADDEN

MGRM

02/04/2008

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