_2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-ST-ZIP

HAME STREET ADDRESS CITY-ST-702

FILED Jan 11, 2006 08:00 AM DOCUMENT # L0400006106 Secretary of State 1. Entity Name DOUGLAS E. PANACCIONE CARPENTRY LLC Principal Place of Business Mailing Address 1413 SE 20TH STREET 1413 SE 20TH STREET CAPE CORAL, FL 33990 CAPE CORAL, FL 33990 01062006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 16-1696459 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PANACCIONE, DOUGLAS E DO NOT WRITE 1413 SE 20TH STREET CAPE CORAL, FL 33990 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required whon reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS MCB ШE PANACCIONE, DOUGLAS E NAME STREET ADDRESS 1413 SE 20TH STREET CITY-ST-ZIP #00000382411 01/12/06-80011-011 50.00 CAPE CORAL, FL 33990 ITTLE MARKE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ANDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE NAME STREET ADDRESS COTY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 each; 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.

maccione NTEC NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE