


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000007626 1. Entity Name ROY CARPENTER, LLC	
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Principal Place of Business 4441 BELL LANE PACE, FL 32571	Mailing Address 4441 BELL LANE PACE, FL 32571
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01052006No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 92-0198305	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CARPENTER, LUCILLE
4441 BELL LANE
PACE, FL 32571

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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: *Lucille Carpenter* 1-9-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00
 Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARPENTER, LUCILLE
STREET ADDRESS	4441 BELL LANE
CITY-ST-ZIP	PACE, FL 32571
TITLE	MGRM
NAME	CARPENTER, ROY JR
STREET ADDRESS	4417 BELL LANE
CITY-ST-ZIP	MILTON, FL 32571
TITLE	MGRM
NAME	CARPENTER, ROY SR
STREET ADDRESS	4441 BELL LANE
CITY-ST-ZIP	MILTON, FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/01/06-60004-009 50.00

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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 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: *Lucille Carpenter* 1-9-06 950 994 6559
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #