Amended

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-24-2007 90114 008 ****50.00
L04000007626

FILED
2007 JUN 30 AM 10:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000007626

1. Entity Name
ROY CARPENTER, LLC

Principal Place of Business	Mailing Address
4441 BELL LANE PACE, FL 32571	4441 BELL LANE PACE, FL 32571
5674 Beale Ford Rd	5674 Beale Ford Rd

04172007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Pace FL	City & State: Pace FL
Zip: 32571 Country:	Zip: 32571 Country:

4. FEI Number: 92-0198305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARPENTER, LUCILLE 4441 BELL LANE PACE, FL 32571	Name: Roy Carpenter Street Address (P.O. Box Number is Not Acceptable): 5674 Beale Ford Rd City: Pace FL Zip Code: 32571

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: N/A
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, 2007 Pd- 2 times

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CARPENTER, LUCILLE 4441 BELL LANE PACE, FL 32571	☐ Delete	☐ Change ☐ Addition	address change
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARPENTER, ROY JR 4417 BELL LANE MILTON, FL 32571	☐ Delete	☐ Change ☐ Addition	TO- 5674 Beale Ford Rd Pace, FL 32571
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CARPENTER, ROY SR 4441 BELL LANE MILTON, FL 32571	☐ Delete	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	Did Not receive this form
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	FOR 07
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition	

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 5-11-07 994-6559 $50-
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #