


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AE)

FILED
Jul 10, 2006 8:00 am
Secretary of State

05-08-2006 90037 007 ****50.00

DOCUMENT # L04000007711					
1. Entity Name RICHARD POWELL CARPENTRY LLC					
Principal Place of Business 510 BIG RICHARD RD TALLAHASSEE FL 32310			Mailing Address 510 BIG RICHARD RD TALLAHASSEE FL 32310		
2. Principal Place of Business 510 BIG RICHARD RD Suite, Apt. #, etc. TALL FLA City & State			3. Mailing Address 510 BIG RICHARD RD Suite, Apt. #, etc. TALL FLA City & State		
4. FEI Number 41-2111459		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/05)			
6. Name and Address of Current Registered Agent POWELL, PEGGY 510-BIG RICHARD RD TALLAHASSEE FL 32310			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 <i>Richard Powell</i> <i>Peggy Powell</i> 04-27-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when recertifying)</small> DATE					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, RICHARD 510 BIG RICHARD RD TALLAHASSEE FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, PEGGY 510 BIG RICHARD RD TALLAHASSEE FL 32310	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>Richard Powell</i>			Date 06-09-06 Daytime Phone # 850 459-6631		