


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000008368	
1. Entity Name J.L. GAYMON, II CARPENTRY L.L.C.	

Principal Place of Business 1631 STEVENS STREET QUINCY, FL 32351	Mailing Address 1631 STEVENS STREET QUINCY, FL 32351
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2. Principal Place of Business - No P.O. Box # 838 Stevens Street	3. Mailing Address 838 Stevens Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Quincy, Florida	City & State Quincy, Florida
Zip 32351	Country Gadsden

6. Name and Address of Current Registered Agent GAYMON, J.L. JR 1631 STEVENS STREET QUINCY, FL 32351	7. Name and Address of New Registered Agent Name: J.L. Gaymon, Jr. Street Address (P.O. Box Number is Not Acceptable): 838 Stevens Street City: Quincy FL Zip Code: 32351
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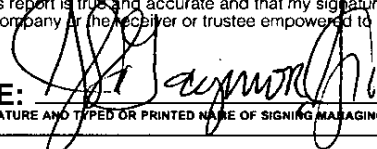
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GAYMON, J.L. JR 1631 STEVENS STREET QUINCY, FL 32351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900101771539 05/08/07--01008--023 **55.00
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
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
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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
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 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: 	04/26/07	8501 627-6912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

FILED

07 APR 26 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number
NOT APPLICABLE

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required