

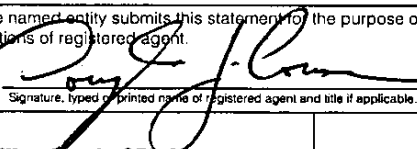
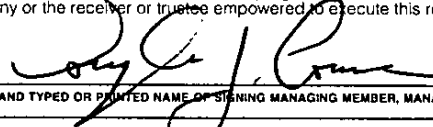


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State

03-22-2005 90183 011 ****50.00

DOCUMENT # L04000009397 1. Entity Name D.C. CARPENTRY, LLC																																	
Principal Place of Business 4468 WINNERS CIRCLE UNIT 221 SARASOTA, FL 34238				Mailing Address PO BOX 20471 SARASOTA, FL 34276-3471																													
2. Principal Place of Business Suite, Apt. #, etc. 2221 City & State SARASOTA, FL Zip 34238 Country USA		3. Mailing Address 4468 WINNERS CIRCLE Suite, Apt. #, etc. 2221 City & State SARASOTA, FL Zip 34238 Country USA																															
4. FEI Number 75-3145285				Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				03022005 Chg-LLC CR2E083 (10/03)																													
6. Name and Address of Current Registered Agent QUICKER, MICHAEL J 7061 SOUTH TAMiami TRAIL STE. 106 SARASOTA, FL 34231			7. Name and Address of New Registered Agent Name DOUGLAS J. COUSE Street Address (P.O. Box Number is Not Acceptable) 4468 WINNERS CIRCLE UNIT 2221 City SARASOTA FL 34238																														
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, 2005		Make check payable to Florida Department of State																															
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> MGR COUSE, DOUGLAS J 4468 WINNERS CIRCLE UNIT 221 SARASOTA, FL 34238 </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Delete</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COUSE, DOUGLAS J 4468 WINNERS CIRCLE UNIT 221 SARASOTA, FL 34238		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete	10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4468 WINNERS CIRCLE UNIT 2221 </td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4468 WINNERS CIRCLE UNIT 2221		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 3/12/05 Daytime Phone # 941 926-0575																														