

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90160 029 ***143.75

DOCUMENT # L04000013101 1. Entity Name MAHONEY'S CARPENTRY, LLC					
Principal Place of Business 4963 SE BOLLARD AVE STUART, FL 34997				Mailing Address PO BOX 276 PORT SALERNO, FL 34992	
2. Principal Place of Business - No P.O. Box # 1709 NE. SUNVIEW TER.		3. Mailing Address P.O. Box 384			
Suite, Apt. #, etc. Jensen Beach FL.		Suite, Apt. #, etc. Jensen Beach FL.			
City & State Jensen Beach FL.		City & State Jensen Beach FL.			
Zip 34957	Country USA	Zip 34958	Country USA	4. FEI Number 59-3274710	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent MAHONEY, JAMIE M 4963 SE BOLLARD AVE STUART, FL 34997			7. Name and Address of New Registered Agent Name MICHAEL L MAHONEY Street Address (P.O. Box Number is Not Acceptable) 1709 NE. SUNVIEW TER. City Jensen Beach FL Zip Code 34957		
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 MICHAEL L. MAHONEY <i>Michael L Mahoney</i> 4-14-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHONEY, JAMIE M 4963 SE BOLLARD AVE STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHONEY MICHAEL L. 1709 NE SUNVIEW TER. Jensen Beach FL 34957	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAHONEY, MICHAEL L 4963 SE BOLLARD AVE STUART, FL 34997	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]	<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: <i>Michael L Mahoney</i> 4/14/08 772-485-1164 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					