

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022397

Entity Name: FAULKNER CARPENTRY, LLC

FILED
Apr 27, 2005
Secretary of State

Current Principal Place of Business:

3408 GALLANT FOX DRIVE
TALLAHASSEE, FL 32308

New Principal Place of Business:

2122 DRAYTON DRIVE
TALLAHASSEE, FL 32311

Current Mailing Address:

3408 GALLANT FOX DRIVE
TALLAHASSEE, FL 32308

New Mailing Address:

2122 DRAYTON DRIVE
TALLAHASSEE, FL 32311

FEI Number: 26-0082507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FAULKNER, WILLIAM L
3408 GALLANT FOX DRIVE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

FAULKNER, WILLIAM L
2122 DRAYTON DRIVE
TALLAHASSEE, FL 32311 US

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.

SIGNATURE: WILLIAM FAULKNER

04/27/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FAULKNER, WILLIAM L
Address: 3408 GALLANT FOX DRIVE
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGRM () Delete
Name: SCOTT, REUBIN JR
Address: 3546 JEFFERSON RD
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FAULKNER, WILLIAM L
Address: 2122 DRAYTON DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: WILLIAM FAULKNER

MGRM

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date