

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022397

FILED  
May 01, 2006  
Secretary of State

Entity Name: FAULKNER CARPENTRY, LLC

**Current Principal Place of Business:**

2122 DRAYTON DRIVE  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

**Current Mailing Address:**

2122 DRAYTON DRIVE  
TALLAHASSEE, FL 32311

**New Mailing Address:**

FEI Number: 26-0082507      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

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

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 Chapter 119, 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

05/01/2006

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