

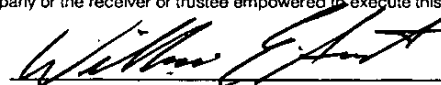


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90281 040 ****50.00

DOCUMENT # L04000028608 1. Entity Name WILLIAM E. AUSTIN CARPENTRY LLC					
Principal Place of Business 1034 FOGGY BROOK PLACE LONGWOOD, FL 32750			Mailing Address 1034 FOGGY BROOK PLACE LONGWOOD, FL 32750		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		<div style="font-size: 24px; font-weight: bold; transform: rotate(-5deg);">20008011</div>  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> 01062005 Chg-LLC CR2E083 (10/03) </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> 4. FEI Number <div style="font-size: 24px; font-weight: bold;">51-0502623</div> </div> <div> Applied For <input type="checkbox"/> Not Applicable </div> </div> <div style="margin-top: 10px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required </div>	
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent MUSTOE, JODI K ESQ COX & ROUSE, P.A. 240 LOOKOUT PLACE MAITLAND, FL 32751				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				<div style="display: flex; justify-content: space-between;"> <div> Filing Fee is \$50.00 Due by May 1, 2005 </div> <div> Make check payable to Florida Department of State </div> </div>	
9. MANAGING MEMBERS/MANAGERS:				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUSTIN, WILLIAM E 1034 FOGGY BROOK PLACE LONGWOOD, FL 32750			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
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
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 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.					
<div style="display: flex; justify-content: space-between;"> <div> SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div> <div style="font-size: 24px; font-weight: bold;">1-29-05</div> <div style="font-size: 24px; font-weight: bold;">(407) 620-4943</div> </div> </div>					