


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

**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
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**DO NOT WRITE IN THIS SPACE**



04102006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 51-0502623	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

AUSTIN, WILLIAM E  
 1034 FOGGY BROOK PLACE  
 LONGWOOD, FL 32750

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**Filing Fee is \$50.00  
 Due by May 1, 2006**

04/26/06-80119-005 55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AUSTIN, WILLIAM E 1034 FOGGY BROOK PLACE LONGWOOD, FL 32750
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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:** *William E Austin* *William E Austin* *4-10-06* *407-620-9948*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #