## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 11, 2005 8:00 am Secretary of State

DOCUMENT # L04000037858  1. Entity Name J.P. CARPENTRY LLC					03-11-2005 90056 031 ****55.00			
Principal Plac 2125 W. PIP LAKELAND, F		Mailing Address 7214-0 <del>'DANIEL LOOP E</del> . LAKELAND, FL 33809						
2. Principal Place of Business		3. Malling Address 2125 WPIPKIN Rd.						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005 Chg-LLC CR2E083 (10/03)				
City & State		Saleland, Fl		4. FEI Numl 308	ber 827679		oplied For ot Applicable	
Zip	Country	33811	Country USA		te of Status Desired	\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent			Name	7. Name and Address of New Registered Agent Name				
PURDY, JEFF 2125 W. PIPKIN RD.			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
LAKELANI	D, FL 33813							
			City			FL Zip Code	6	
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  Signature hypedia thread name of registered agent and the applicable. (NOTE: Registered Agent algreture required when reinstacting)  DATE								
D	iling Fee is \$50.00 ue by May 1, 2005		-		Florida	check payable to Department of State	ನಾ ಕೃತ್ತ •	
9.	MANAGING MEMBE	RS/MANAGERS  Delete	TITLE		ADDITIONS/0	CHANGES Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP	PURDY, JEFF 2125 W. PIPKIN RD. LAKELAND, FL 33813		NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		3	☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	, .	<u>.</u>	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Del¢te	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		') '?	☐ Change	. Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	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 employered to execute this report as required by Chapter 608, Florida Statutes.								