

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050462

FILED
Apr 18, 2007
Secretary of State

Entity Name: CHAPIN CARPENTRY, LLC

Current Principal Place of Business:

1 NORTH WILDERNESS TRAIL
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

1 NORTH WILDERNESS TRAIL
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

312 PABLO ROAD
PONTE VEDRA BEACH, FL 32082

FEI Number: 20-0468599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LUCAS, ELAINE ESQ.
900 CESERY BLVD.
SUITE 118
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

CHAPIN, DEBORAH
312 PABLO ROAD
PONTE VEDRA BEACH, FL 32082 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: DEBORAH CHAPIN

04/18/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHAPIN, HUNTINGTON K
Address: 1 NORTH WILDERNESS TRAIL
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: CHAPIN, HUNTINGTON K
Address: 312 PABLO ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP () Change (X) Addition
Name: CHAPIN, DEBORAH
Address: 312 PABLO ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: DEBORAH CHAPIN

VP

04/18/2007

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