

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000070380

FILED
Apr 21, 2005
Secretary of State

Entity Name: CONNOLLY CARPENTRY "LLC"

Current Principal Place of Business:

1357 NW.14TH AVE
CAPE CORAL, FL 33993 US

New Principal Place of Business:

Current Mailing Address:

1357 NW.14TH AVE
CAPE CORAL, FL 33993 US

New Mailing Address:

FEI Number: 01-4587809

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNOLLY, JOHN L
1357 NW.14TH AVE
CAPE CORAL, FL 33993 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: CONNOLLY, LESLEY A
Address: 1357NW.14THAVE
City-St-Zip: CAPE CORAL, FL 33993 US

Title: MGRM () Delete
Name: CONNOLLY, JESSICA L
Address: 1357NW.14THAVE
City-St-Zip: CAPE CORAL, FL 33993 US

Title: MGRM () Delete
Name: CONNOLLY, BRENNAN A
Address: 1357NW14THAVE
City-St-Zip: CAPE CORAL, FL 33993 US

ADDITIONS/CHANGES:

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

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 Section 119.07(3)(i), 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: LESLEY A. CONNOLLY

MGRM

04/21/2005

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