2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000082310

1. Entity Name
JIM HEATON'S CARPENTRY LLC

FILED Jan 09, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

The state of the s

735 PALMETTO STREET WEST PALM BEACH, FL 33405 735 PALMETTO STREET WEST PALM BEACH, FL 33405



DO NOT WRITE IN THIS SPACE

01052006No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HEATON, JAMES M 735 PALMETTO STREET WEST PALM BEACH, FL 33405

the obligations of registered agent.

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2006		U00000379751 01/10/06-80035-004 50.00	
9.	MANAGING MEMBERS/MANAGERS		*
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEATON, JAMES M 735 PALMETTO STREET WEST PALM BEACH, FL 33405		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HEATON, DEBRA A 735 PALMETTO STREET WEST PALM BEACH, FL 33405		
TITLE HAME STREET ADDRESS CITY-ST-ZIP			NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		* 4	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		****** **********	
TITLE	}	3	

3. 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

11. I hereby certify that the information supplied with this filling 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

NAME STREET ADDRESS CITY ST-ZIP

yped or printed name of signing managing member, or authorized representative

Heaton

561-162-3248

Daytime Phone #