
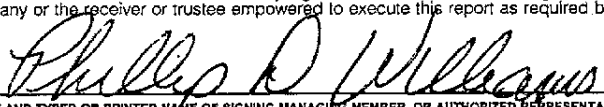


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000090871</b> 1. Entity Name <b>WILLIAMS CARPENTRY L.L.C.</b>		
Principal Place of Business <b>2301 ADAIR ROAD DAVENPORT, FL 33837</b>		Mailing Address <b>2301 ADAIR ROAD DAVENPORT, FL 33837</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>WILLIAMS, PHILLIP D 2301 ADAIR RD DAVENPORT, FL 33837</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WILLIAMS, PHILLIP D 2301 ADAIR RD DAVENPORT, FL 33837	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WILLIAMS, DOYLE T 2301 ADAIR RD DAVENPORT, FL 33837	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date _____ Daytime Phone # _____



03302006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>20-2035302</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

**\$5.00** Additional  
Fee Required

1100000531320  
05/06/06-80036-013 50.00