2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2006
Secretary of State

DOCUMENT# L05000003835

Entity Name: BLUE COAST CARPENTRY, LLC

Current Principal Place of Business:

4260 SE COVE LAKE CIR.
204
STUART, FL 34997 US

New Principal Place of Business:

1861 SW PALM CITY ROAD
F202
STUART, FL 34994 US

Current Mailing Address:

4260 SE COVE LAKE CIR.
204
STUART, FL 34997 US

New Mailing Address:

1861 SW PALM CITY ROAD
F 202
STUART, FL 34994 US

FEI Number: 34-2041592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ROCHA, JAVIER L
4260 SE COVE LAKE CIR.
204
STUART, FL 34997 US

Name and Address of New Registered Agent:

ROCHA, JAVIER L
1861 SW PALM CITY ROAD
F 202
STUART, FL 34994 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: 04/09/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ROCHA, JAVIER L
Address: 4260 SE COVE LAKE CIR, #204
City-St-Zip: STUART, FL 34997 US

Title: MGR ( ) Delete
Name: ROCHA, DIEGO A
Address: 3474 SE JAKE CT. #174
City-St-Zip: STUART, FL 34994 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: ROCHA, JAVIER L
Address: 1861 SW PALM CITY RD., F 202
City-St-Zip: STUART, FL 34994 US

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 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: JAVIER L. ROCHA MGR 04/09/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date