



LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 16, 2007 8:00 am
Secretary of State

07-16-2007 90039 049 ****55.00

DOCUMENT # L05000006794					
1. Entity Name RON HOBBS CARPENTRY LLC					
Principal Place of Business 116 HAZELWOOD RIVER RD EDGEWATER FL 32141		Mailing Address 116 HAZELWOOD RIVER RD EDGEWATER FL 32141		60052502 	
2. Principal Place of Business EDGEWATER Suite, Apt. #, etc.		3. Mailing Address 116 HAZELWOOD RIVER RD. Suite, Apt. #, etc.			
City & State EDGEWATER FL		City & State EDGEWATER FL			
Zip 32141	Country USA	Zip 32141	Country USA	4. FEI Number 20-2175024	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HOBBS, RONALD 116 HAZELWOOD RIVER RD EDGEWATER FL 32141			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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: <u><i>Ronald J Hobbs</i></u> 6-29-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006					
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOBBS, RONALD 116 HAZELWOOD RIVER RD EDGEWATER FL 32132	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Ronald J Hobbs</i></u>				6-29-06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>DATE DAYTIME PHONE #</small>	