
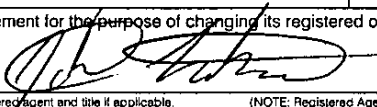
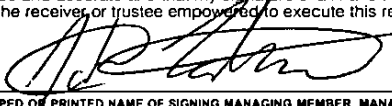


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000007130</b> 1. Entity Name <b>CORE CARPENTRY LLC</b>			
Principal Place of Business <b>145 HORSESHOE DR. HAVANA, FL 32333</b>		Mailing Address <b>145 HORSESHOE DR. HAVANA, FL 32333</b>	
2. Principal Place of Business <b>3949 BRISTOL HWY</b> Suite, Apt. #, etc.		3. Mailing Address <b>3949 BRISTOL HWY.</b> Suite, Apt. #, etc.	
City & State <b>QUINCY FL.</b>		City & State <b>QUINCY FL.</b>	
Zip <b>32351</b>		Zip <b>32351</b>	
Country <b>GADSDEN</b>		Country <b>GADSDEN</b>	
4. FEI Number		05152006 Chg-LLC CR2E083 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LOEHNER, JAKE 145 HORSESHOE DR. HAVANA, FL 32333</b>		7. Name and Address of New Registered Agent Name <b>JAKE LOEHNER</b> Street Address (P.O. Box Number is Not Acceptable) <b>3949 BRISTOL HWY</b> City <b>QUINCY</b> FL Zip Code <b>32351</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 			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>		<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LOEHNER, JAKE 145 HORSESHOE DR. HAVANA, FL 32333</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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 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.			
<b>SIGNATURE:</b> 			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date		Daytime Phone #	

**FILED**

2006 MAY 16 AM 9:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

