

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000019640

Entity Name: ONE WAY CARPENTRY, LLC

FILED
Feb 15, 2006
Secretary of State

Current Principal Place of Business:

2028 ESPLANDE STREET
NAVARRE, FL 32566 US

New Principal Place of Business:

Current Mailing Address:

2028 ESPLANDE STREET
NAVARRE, FL 32566 US

New Mailing Address:

FEI Number: 41-2168849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EHLERS, JEFFREY L
2028 ESPLANDE STREET
NAVARRE, FL 32566 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EHLERS, TAMIE L
Address: 2028 ESPLANDE STREET
City-St-Zip: NAVARRE, ST 32566 US

Title: MGRM () Delete
Name: LOCKE, JEFFREY W
Address: 223 NEW CASTLE
City-St-Zip: FORT WALTON BEACH, FL 32548

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: LOCKE, CHARLES A
Address: 106 WRIGHT PARKWAY N.W.
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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: TAMIE EHLERS

MGRM

02/15/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date