2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 07, 2006 8:00 am Secretary of State 03-23-2006 90262 009 ****50.00

DOCUMENT # L05000021577 1. Entity Name ROCKFORD'S CARPENTRY, LLC						03-23-2006 90262 009 ****50.00
Principal Place 6 BRIGGS DRI ORMOND BEA	VE		Mailing Address 6 BRIGGS DRIVE ORMOND BEACH, FL 32176		<u> </u>	I MINNEL OU STAIN BUID SOUL SOUL SOUL SOUL SOUL COME COME COME COME COME COME COME COME
2. Principal Pla	ace of Busin	ess	3. Mailing Address			
Suite, Apt. #, etc.			Suite, Apt. #, etc.		-	03142006 Chg-LLC CR2E083 (11/05)
City & State			City & State			4. FEI Number Applied For 233-82-852 Not Applicable
Zip	Country		Zip	Zip Ceun:		5. Certificate of Status Desired 55.00 Additional Fee Required
	5. Name	and Address of Curre	nt Registered Agent	stered Agent Name		7. Name and Address of New Registered Agent
SHORTRIDGE, ROCKFORD A 6 BRIGGS DRIVE ORMOND BEACH, FL 32176						(P.O. Box Number is Not Acceptable)
			 		City	FL Zip Code
6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent. SIGNATURE ROLL Store A Short is a Short in the Store A Short is a Store of Private A Short in the Store of Private A Short is a Short in the Store of Private A Short is a Short in the Store of Private A Short is a Short in the Store of Private A Short is a Short in the Store of Private A Short is a Short in the Store of Private A Short in the Store of Private A Short is a Short in the Store of Private						
Filing Fee is \$50.00 Oue by May 1, 2006					Make check payable to [Florida Department of State	
9.	PAGE	MANAGING MEN	BERS/MANAGERS	10. πτι		ADDITIONS/CHANGES Change Addition
NAME STREET ADDRESS CITY-ST-ZIP	4) - /// 6	Briggs Dr	1 1 72 01		E ET ADORESS • S1 - ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Orn	ning Beech	Delete	IITLI HAM STRE		Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Deleto			☐ Change ☐ Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZEP			☐ Delicie			☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· · ·		☐ Delete			☐ Change ☐ Addiùon
TITLE NAME. STREET ADDRESS. CITY-ST-ZP		_:	☐ Delete	CITY	E EET ADDRESS '-ST-ZIP	☐ Change ☐ Addition :
11. I hereby certify that the information supplied with rols 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 ilmited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: 3/15/66 386-441-3954						
JUNE	SIGNATURE	AND TYPED OR POSTED HAS	IE OF BIGHING MANAGING MEMBER, M	WAGERO	FRUTHORIZED REPRES	SENTATIVE Oere Oeytinu Prone #