


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L05000032637</b><br>1. Entity Name<br>JOHN ELY CARPENTRY, LLC |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br>2100 AVENUE A<br>FLAGLER BEACH, FL 32136 | Mailing Address<br>1311 N CENTRAL AVENUE<br>FLAGLER BEACH, FL 32136 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04042008No Chg-LLC

CR2E083 (12/07)

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>06-1744981 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

|                                  |  |
|----------------------------------|--|
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$5.00 Additional Fee Required |
|----------------------------------|--|

|  |
|--|
| 6. Name and Address of Current Registered Agent<br><br>ELY, JOHN<br>1311 N. CENTRAL AVE<br>FLAGLER BEACH, FL 32136 |
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IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b> | 000000923387<br>05/16/08-80028-018 143.75 |
|---|---|

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>ELY, JOHN<br>1311 N CENTRAL AVE<br>FLAGLER BEACH, FL 32136 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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IN THIS SPACE**

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> <i>John C. Ely</i> <i>John C. Ely</i>   | <i>4-19-08</i> <i>386-437-3723</i>  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <small>Date Daytime Phone #</small> |