

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000035614

1. Entity Name  
GOODRICH CARPENTRY LLC



FILED

06 JAN 12 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01122006 Chg-LLC CR2E083 (11/05)

Principal Place of Business  
138 WATKINS RD.  
QUINCY, FL 32351

Mailing Address  
P.O. BOX 691  
GREENSBORO, FL 32330

2. Principal Place of Business  
9315 Smith Creek RD  
Suite, Apt. #, etc.

3. Mailing Address  
9315 Smith Creek RD  
Suite, Apt. #, etc.

City & State  
Tallahassee, FL  
Zip 32310 Country US

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Tallahassee, FL  
Zip 32310 Country US

4. FEI Number 141927870

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

Additional Fee Required

## 6. Name and Address of Current Registered Agent

GOODRICH, TRICIA K  
138 WATKINS RD.  
QUINCY, FL 32351

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

9315 Smith Creek RD

City Tallahassee

FL

Zip Code 32310

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

Filing Fee is \$50.00  
Due by May 1, 2006

Make check payable to  
Florida Department of State

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME GOODRICH, TRICIA K  
STREET ADDRESS P.O. BOX 691  
CITY-ST-ZIP GREENSBORO, FL 32330

TITLE MGRM ☐ Delete  
NAME FAIRCLOTH, JUSTIN  
STREET ADDRESS P.O. DRAWER B  
CITY-ST-ZIP GREENSBORO, FL 32330

TITLE MGRM ☒ Delete  
NAME SMITH, RICHARD  
STREET ADDRESS 9315 SMITH CREEK RD.  
CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9315 Smith Creek RD  
CITY-ST-ZIP Tallahassee, FL 32310

TITLE ☐ Change ☐ Addition  
NAME 200064058212  
STREET ADDRESS 01/19/06--01027--004 \*\*50.00  
CITY-ST-ZIP

TITLE MGRM ☐ Change ☒ Addition  
NAME SCOTT Goodrich  
STREET ADDRESS 232 Potter Road  
CITY-ST-ZIP Quincy, FL 32351

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

Tricia K Goodrich

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-12-06

Date

(850) 508-9546

Daytime Phone #