


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED


07 SEP 18 AM 11:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

| | |
|--|---|
| DOCUMENT # L05000099640 1. Entity Name FORSYTHE CARPENTRY, LLC |  |
|--|---|

| | |
|---|---|
| Principal Place of Business 250 GROVE STREET ORMOND BEACH, FL 32174 | Mailing Address 250 GROVE STREET ORMOND BEACH, FL 32174 |
|---|---|

| | |
|---|---|
| 2. Principal Place of Business - No P.O. Box # <i>5661 LANCEWOOD DR.</i> | 3. Mailing Address <i>5661 LANCEWOOD DR.</i> |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State <i>PORT</i> | City & State |
| Zip | Country |



| | | |
|---|---------|---------------------------------------|
| 09062007 | Chg-LLC | CR2E083 (12/06) |
| 4. FEI Number 20-3686755 | | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$5.00 Additional Fee Required |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent FORSYTHE, SHAWN E 250 GROVE STREET ORMOND BEACH, FL 32174 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City |
|--|--|

*5661 LANCEWOOD DR
PORT ORANGE, FL 32127*

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

| | | |
|--|--|--|
| Filing Fee is \$50.00 Due by September 14, 2007 | | Make check payable to Florida Department of State |
|--|--|--|

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|------------------------------|------------------------|---------------------------------|-----------------------|-------------------------------------|--|
| TITLE | MGRM | <input type="checkbox"/> Delete | TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FORSYTHE, SHAWN E | | NAME | | |
| STREET ADDRESS | 250 GROVE STREET | | STREET ADDRESS | <i>5661 LANCEWOOD DRIVE</i> | |
| CITY-ST-ZIP | ORMOND BEACH, FL 32174 | | CITY-ST-ZIP | <i>PORT ORANGE, FL 32127</i> | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | 500109526825 | |
| STREET ADDRESS | | | STREET ADDRESS | 09/18/07--01005--020 **50.00 | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: *Shawn E. Forsythe* Shawn E. Forsythe September 17, 2007 (386) 562-5275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #