

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000103528

1. Entity Name
HOMES INTERIOR CARPENTRY LLC



Principal Place of Business
**2523 NW 6 ST
Z-212
FT LAUDERDALE, FL 33311**

Mailing Address
**2866 SW 13 CT
FT LAUDERDALE, FL 33312**



01172007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3824372	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

**RESTREPO, CARLOS A
2866 SW 13 CT
FT LAUDERDALE, FL 33312**

**DO NOT WRITE
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)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RESTREPO, CARLOS A 2866 SW 13 CT FT LAUDERDALE, FL 33312
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

TITLE NAME STREET ADDRESS CITY-ST-ZIP
--

U000000595247
01/23/07-80032-007 50.00

**DO NOT WRITE
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.

SIGNATURE Carlos A Restrepo, Pres/ **01/17/07**

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

Date

Daytime Phone #