2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007
Secretary of State

DOCUMENT# L06000015243

Entity Name: ON POINT CARPENTRY, LLC

Current Principal Place of Business:

269 W. 66TH STREET
JACKSONVILLE, FL 32208 US

New Principal Place of Business:

7573 GLENN ABBEY PLACE
JACKSONVILLE, FL 32256 US

Current Mailing Address:

269 W. 66TH STREET
JACKSONVILLE, FL 32208

New Mailing Address:

7573 GLENN ABBEY PLACE
JACKSONVILLE, FL 32256

FEI Number: 20-4284281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRELL, ANN
2630 SAN DIEGO ROAD
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

ROBERT, DELAPLAIN J
7573 GLENN ABBEY PLACE
JACKSONVILLE, FL 32256 US

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.

SIGNATURE: ROBERT DELAPLAIN 04/27/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DELAPLAIN, ROBERT J
Address: 269 W. 66TH STREET
City-St-Zip: JACKSONVILLE, FL 32208

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DELAPLAIN, ROBERT J
Address: 7573 GLENN ABBEY PL
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR ( ) Change (X) Addition
Name: DELAPLAIN, JESSICA C
Address: 7573 GLENN ABBEY PLACE
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT DELAPLAIN MGR 04/27/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date