2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT									
DOCUMENT # L06000015555					OT APR 20 PM 4: 43 TALLAHASSY OF SAME				
1. Entity Name MARK COCHRAN CARPENTRY, L.L.C.			ı			SECHET	20 PM 4:1.	2	
					-	IALLAHAS	RYOFSIN	J	
1720 BELVE	e of Business DERE ST E, FL 32308	Mailing Address 1720 BELVEDERE ST TALLAHASSEE, FL 32308			.0	20 PM 4: 4 RY OF SIATE SEE, FLORID	E YA		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address BK		BK		1111 1111 1111 1111 1111 1111 1111 1111 1111	<u> </u>	<u> </u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04202007	Chg-LLC	CR2E083 (12/0)6)		
City & State		City & State		4. FEI Numbe	r	Z	Applied For Not Applicable		
Zip	Country Zip Co		Cour	ntry	5. Certificate	of Status Desired	□ \$5.00 Fee Req	Additional uired	
	6. Name and Address of Current	7. Name and Address of New Registered Agent Name							
COCHRAN, MARK M				Street Address (P.O. Box Number is Not Acceptable)					
1720 BELVEDERE ST TALLAHASSEE, FL 32308				Street Address (P.O. Box Numbe	r is Not Acceptable	e)		
				City			FL Zip C	Code	
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).									
Filing Fee is \$50.00 Due by May 1, 2007			BK	-			ce check payable t a-Department of S	· · · · · · · · · · · · · · · · · · ·	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
TITLE	MGRM	☐ Delete	TITL				☐ Chan	ge 🔲 Addition	
NAME STREET ADDRESS	COCHRAN, MARK M 1720 BELVEDERE ST		NAA STRI	EET ADDRESS	04704	0 009 83 /0701054	318341 4019 **50		
CITY-ST-ZIP	TALLAHASSEE, FL 32308		CITY	'-ST-ZIP	1100	/0101054	4013 ** 50	1.00	
TITLE NAME	MGRM OSMOND, ROBERT	Delete	TITL NAM				☐ Chan	ge 🔲 Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP	TALLAHASSEE, FL 32312			'-ST-ZIP					
T)TLE NAME		☐ Delete	TITL	t			☐ Chan	ge 🗌 Addition	
STREET ADDRESS			STR	EET ADDRESS					
CITY-ST-ZIP			-	'-ST-ZIP					
TITLE NAME		☐ Delete	TITL				☐ Chan	ge 🔲 Addition	
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		Поли		'-ST-ZIP			C) Char	no. O Addition	
TITLE NAME		☐ Delete	TITE NAM				☐ Chan	ge Addition	
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '- ST-ZIP					
TITLE		☐ Delete	TITL	E			Chang	ge 🔲 Addition	
name Street address			NAM STRI	ie Eet address					
CITY-ST-ZIP				'-ST-ZIP	<u> </u>				
11. I hereby certify that the information supplied with his filips 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 short 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 this tee empowered to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Desystem Proces									
	SIGNATURE AND TIPED OR PRINTED NAME OF	. SIGNING MANAGING MEMBER, MAI	-suck, Ul	· ~+ · murkeu Kepreșe	E	≠ walt	Daytime Phone	» *	