


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000015555	
1. Entity Name MARK COCHRAN CARPENTRY, L.L.C.	

Principal Place of Business 1720 BELVEDERE ST TALLAHASSEE, FL 32308	Mailing Address 1720 BELVEDERE ST TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address BK
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

FILED
07 APR 20 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04202007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent COCHRAN, MARK M 1720 BELVEDERE ST TALLAHASSEE, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 May 1, 2007	BK	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COCHRAN, MARK M 1720 BELVEDERE ST TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100098318341 04/24/07--01054--019 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSMOND, ROBERT 415 E-BREVARD STREET #43 TALLAHASSEE, FL 32312 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark M. Cochran* **4/20/07** **850-289-3366**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #