

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 MAY -1 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK



<b>DOCUMENT # L06000018891</b> 1. Entity Name <b>R W CARPENTRY, LLC</b>					
Principal Place of Business <b>635 S. MULBERRY STREET MONTECELLO, FL 32344</b>			Mailing Address <b>635 S. MULBERRY STREET MONTECELLO, FL 32344</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		4. FEI Number <b>13 43 18737</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  <b>DONOHUE, DENISE 221 JOEY LANE QUINCY, FL 32351</b>			<b>7. Name and Address of New Registered Agent</b> Name <b>Ricky West</b> Street Address (P.O. Box Number is Not Acceptable) <b>635 S mulberry st</b> City <b>Monticello</b> <b>FL</b> Zip Code <b>32344</b>		
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 <u><b>Ricky West</b></u> <u><b>Ricky West</b></u> <u><b>5-01-07</b></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>BK</b>		<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WEST, RICKY 635 S. MULBERRY STREET MONTECELLO, FL 32344</b>	<div style="text-align: center;"> <b>10010168891</b>  <b>05/07/07--010031018</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b>  <b>07 MAY -1 AM 9:34</b>  <b>FILED</b> </div>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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.					
<b>SIGNATURE: <u>Ricky West</u></b>		<b>4-30-07</b>		<b>850 264-7881</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	