2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 30, 2007
Secretary of State

DOCUMENT# L06000024323

Entity Name: OWENS' CARPENTRY CO., LLC

Current Principal Place of Business:

5551 LANCEWOOD DRIVE
PORT ORANGE, FL 32127

New Principal Place of Business:

Current Mailing Address:

5551 LANCEWOOD DRIVE
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: 20-4480293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

OWEN, ANDREW P
5033 PALMETTO STREET
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

OWEN, ANDREW P
5551 LANCEWOOD DR.
PORT ORANGE, FL 32127 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: ANDREW P. OWEN 08/30/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: ALDRICH, TRISHA
Address: 5033 PALMETTO STREET
City-St-Zip: PORT ORANGE, FL 32127

Title: MGR ( ) Delete
Name: OWEN, ANDREW P
Address: 5033 PALMETTO STREET
City-St-Zip: PORT ORANGE, FL 32127

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

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: OWEN, TRISHA M
Address: 5551 LANCEWOOD DR.
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM (X) Change ( ) Addition
Name: OWEN, ANDREW P
Address: 5551 LANCEWOOD DR.
City-St-Zip: PORT ORANGE, FL 32127

Title: MGRM ( ) Change (X) Addition
Name: MILLETTE, MICHAEL M
Address: 209 KIRKLAND RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32169

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: TRISHA M. OWEN MGR 08/30/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date