

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000024323

Entity Name: OWENS' CARPENTRY CO., LLC

FILED
Apr 29, 2008
Secretary of State

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 ()

Name and Address of Current Registered Agent:

OWEN, ANDREW P
5551 LANCEWOOD DR.
PORT ORANGE, FL 32127 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/29/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date