2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Mar 12, 2007 8:00 am **Secretary of State DOCUMENT # L06000044546** 1. Entity Name 02-16-2007 90182 002 ****50.00 CARPENTRY CONCEPTS LLC Principal Place of Business Mailing Address 5012 LEE CIRCLE SOUTH LEHIGH ACRES FL 33971 5012 LEE CIRCLE SOUTH LEHIGH ACRES FL 33971 THIADDOD 2. Principal Place of Business - No P.O. Box # 3. Mailing Addross Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Numbo Applied For Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo BLAIR, DARREN S Stroot Address (P.O. Box Number is Not Acceptable) 5012 LEE CIRCLE SOUTH LEHIGH ACRES FL 33971 City Zip 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, hydrod or priviled name of resysterized opera and title 4 anahoable. (NOTE, Registered Agent signature retrievals when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10 19166 MGR hnt ☐ Change Addition NAMI NAME BLAIR, DARREN S STREET ADDRESS 5012 LEE CIRCLE SOUTH STREET ADORESS C1TV - S1 - 71P CITY-ST-7IP LEHIGH ACRES FL 33971 HILE Delete ☐ Change TITLE Addition NAMI NAME SIRHIJ ADDRESS STREET ADDRESS CUTY-S1-71P Ctfy-ST-7#P Delete TELL ☐ Change Addition MALE MAAN STRUET ADDRESS STREET ADDRESS CITY - ST - 71P CHY-SI-7IP Delete HILL Change ☐ Addition MAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-7IP DILE ☐ Celele HILL ☐ Chance ☐ Addition NALE NAME STRUCT ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP DOF Dolete TITLE ☐ Change ☐ Addition NAMI NAME STREET ADDRESS SIRECT ADDRESS CITY-ST-70P CITY-SI-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Soction 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 each; 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. 0 SIGNATURE:

TYPED OR PRINTED NAME OF EXCHING MANAGING MEMBER. MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED