2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 30, 2007 8:00 am Secretary of State

DOCUMENT # L06000053877 1. Entity Name ALBEE CARPENTRY, LLC						03-30-2007	₹90036	037 ****5	50.00
Principal Place 40 BLACK JAC FREEPORT, F	CK DR.	Mailing Address 40 BLACK JACK DR. FREEPORT, FL 32439	US	-	1 10 2 10 (1 00)	60030		. (448) 48111 4884 188	18 1 M1 18 1 1
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03192007	Chg-LLC	CR2E	E083 (12/06)		
City & State		City & State		2000	13331	9		plied For t Applicable	
Zip Country		Zip	Zip Country		5. Certificate	of Status Desired		\$5.00 Add	itional
	6. Name and Address of Current	Registered Agent	<u>'</u>		7. Name and	Address of New R	legistered		-
		<u> </u>		Name		•		_ -	
ALBEE, DEVONNE C JR 40 BLACK JACK DR. FREEPORT, FL 32439			- -	Street Address	P.O. Box Numbe	r is Not Acceptable	∋)		
			-	City				■ Zip Code	9
:							F	L Elb sust	•
	named entity submits this statement to ions of registered agent. • • • • • Signature, typed or printed name of registered agent			J Agent signature require		I, in the State of the	DATE		
Fi	iling Fee is \$50.00							payable to	
Fi D	iling Fee is \$50.00 ue by May 1, 2007					Florida	a Depart	ment of State	.
Fi D	ling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBI	ERS/MANAGERS	10.	· · · · · · · · · · · · · · · · · · ·			a Depart	ment of State	
Di	MANAGING MEMBI	ERS/MANAGERS	TITLE	I		Florida	a Depart	ment of State	Addition
9. TITLE NAME	MANAGING MEMBI MGR ALBEE, DEVONNE C		TITLE NAME	E		Florida	a Depart	ment of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR.		TITLE NAME STREE	E ET ADORESS		Florida	a Depart	ment of State	
9. TITLE NAME	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439	☐ Delete	TITLE NAME STREE CITY-	E ET ADORESS - ST-ZIP		Florida	a Depart	ES Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM		TITLE NAME STREE CITY-	E ET ADDRESS - ST-ZIP		Florida	a Depart	ment of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS - ST-ZIP :		Florida	a Depart	ES Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS ST-ZIP : E ET ADDRESS		Florida	a Depart	ES Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADDRESS - ST-ZIP - E ET ADDRESS - ST-ZIP - C E ET ADDRESS - ST-ZIP		Florida	a Depart	ES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP		Florida	a Depart	ES Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP		Florida	a Depart	ES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE	E ET ADDRESS -ST-ZIP : E ET ADDRESS -ST-ZIP : E ET ADDRESS -ST-ZIP : E ET ADDRESS		Florida	a Depart	ES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II	□ Delete □ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E E ET ADDRESS		Florida	a Depart	ES Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE TITLE TITLE TITLE	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP		Florida	a Depart	ES Change	Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	□ Delete □ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS -ST-ZIP E ET ADDRESS		Florida	a Depart	ES Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	□ Delete □ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE	E ET ADDRESS -ST-ZIP		Florida	a Depart	ES Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP		Florida	a Depart	Change Change Change	Addition Addition Addition
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	□ Delete □ Delete	TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP		Florida	a Depart	ES Change Change Change	Addition Addition Addition
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP		Florida	a Depart	Change Change Change	Addition Addition Addition
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE STREE STREE STREE	E ET ADDRESS -ST-ZIP E ET ADDRESS		Florida	a Depart	Change Change Change	Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	Delete Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME CITY- TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP		Florida	a Depart	Change Change Change	Addition Addition Addition Addition
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	☐ Delete ☐ Delete ☐ Delete	TITLE NAME STREE CITY- TITLE NAME TITLE	E ET ADDRESS -ST-ZIP		Florida	a Depart	Change Change Change	Addition Addition Addition
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	Delete Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME	E ET ADDRESS -ST-ZIP E ET ADDRESS		Florida	a Depart	Change Change Change	Addition Addition Addition Addition
9. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	Delete Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE STREE STREE	E ET ADDRESS -ST-ZIP		Florida	a Depart	Change Change Change	Addition Addition Addition Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBI MGR ALBEE, DEVONNE C 40 BLACK JACK DR. FREEPORT, FL 32439 MGRM LEWIS, DENZIL L JR P-O-BOX 28044 PANAMA CITY, FL 32411 MGRM BOWDEN, CECIL W II P O BOX 307	Delete Delete Delete Delete	TITLE NAME STREE CITY-	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP E E ST-ZIP	t in Chapter 119.	Flortd: ADDITIONS	a Depart	Change Change Change Change	Addition Addition Addition Addition Addition

11. I hereby certify that the information supplied with this litting does not quality 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: SIGNATURE AND APPEO OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Pi