


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2007 8:00 am
Secretary of State

03-02-2007 90189 050 ****50.00
04-06-2007 90230 030 *****5.00

DOCUMENT # L06000072862	
1. Entity Name S.W.R. CARPENTRY, LLC.	

Principal Place of Business 5572 ARNOLD PALMER DRIVE #323 ORLANDO FL 32811 US	Mailing Address 5572 ARNOLD PALMER DRIVE #323 ORLANDO FL 32811 US
--	--

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 06-1786231	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent REDNOUR, STEVEN W 5572 ARNOLD PALMER DRIVE #323 ORLANDO FL 32811

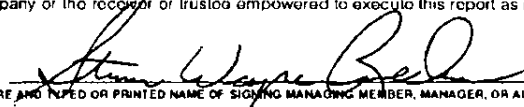
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007
--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR SETLIFF, KIMBERLY J 1415 KENNEWICK CT. SUGARLAND TX 77479 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	<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 Section 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 606, Florida Statutes.	
SIGNATURE: 	Date: 7-21-07 Daytime Phone #: 407-346-8895
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	