2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Apr 06, 2007 8:00 am Secretary of State DOCUMENT # L06000072862 1. Entity Name 03-02-2007 90189 050 ****50.00 S.W.R. CARPENTRY, LLC. 04-06-2007 90230 030 *****5.00 Principal Place of Business Mailing Address 5572 ARNOLD PALMER DRIVE 5572 ARNOLD PALMER DRIVE 60032871 ORLANDO FL 32811 ORLANDO FL 32811 ÁFRIÁ DETTE DENY ODDIÐ KRÐEN ORÐIÐ ERNIÐ UDGÐA ÁRLIGÐI. 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FEI Number Applied For 06-1786231 Not Applicable Zip Country 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 REDNOUR, STEVEN W Street Address (P.O. Box Number is Not Acceptable) 5572 ARNOLD PALMER DRIVE #323 ORLANDO FL 32811 City Zip Code 8. The above named onlity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent SIGNATURE Signature, hypert or province trunke of tropsdered agent And table 2 anniholable (NOTE, Registered Agent arginiture required when resistating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. TIPLE HHI MGB Delete ☐ Change ☐ Addition NAM SETLIFF, KIMBERLY J NAMI STREET ADORESS 1415 KENNEWICK CT. STREET LADORESS CHY SE ZIP SUGARLAND TX 77479 COY ST ZIP UH Delete Change ☐ Addition NAM MARI STOLET ADDRESS STREET ADDRESS CBY SEZIP CHY-SI-7P 1011 Delete Juni ☐ Change Addition NAME NAME SHILL FADORESS STHEFT ADDRESS CITY S1-70P CHY ST ZP 180 ☐ Delete Ш ☐ Change Addition NAM NAMI STREET ADDRESS STREET ADDITION CITY SI 7IP CITY ST 7P 11113 □ Delete lite ☐ Change ■ Addition NAM NAMI STREET ADDRESS STREET ADDRESS CITY ST AP CHY SI-ZIP With ☐ Octete TITLE Addition Change NAM NAMI STREET ADDRESS SIRLI ADDESS CITY St-71P CHY-St-ZIP 11. I hereby cortify that the information supplied with this filling 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 ender oath, that I am a managing member or manager of the limited liability company or the receiptor or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: BIGNATURE AND NEED OR PRINTED NAME OF SIG

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED