


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 09, 2007 8:00 am**  
**Secretary of State**

07-09-2007 90113 010 \*\*\*\*50.00

<b>DOCUMENT # L06000091249</b> 1. Entity Name <b>CARPENTRY BY DESIGN LLC</b>					
Principal Place of Business <b>5327 BERTHE NELSON RD PANAMA CITY, FL 32404</b>			Mailing Address <b>5327 BERTHE NELSON RD PANAMA CITY, FL 32404</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip      Country		City & State  Zip      Country		4. FEI Number <b>65-1291164</b> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <b>CR2E083 (12/06)</b>				Additional Fee Required <b>\$5.00</b>	
6. Name and Address of Current Registered Agent  <b>QUACKENBUSH, BOBBIE JO L 5327 BERTHE NELSON RD PANAMA CITY, FL 32404</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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: <u><i>Bobbie Jo Quackenbush</i></u> <u><i>[Signature]</i></u> <u><i>7/3/07</i></u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MRGM BOBBIE JO, QUACKENBUSH L 5327 BERTHE NELSON RD PANAMA CITY, FL 32404</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>5327 Bertha nelson rd</b> <input checked="" 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	
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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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u><i>Bobbie Jo Quackenbush</i></u> <u><i>7/3/07</i></u> <u><i>850-625-4153</i></u> <small>Date      Daytime Phone #</small>		