



# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90106 016 \*\*\*\*50.00

<b>DOCUMENT # L06000117094</b>					
<b>1. Entity Name</b> BLISARD CARPENTRY LLC					
<b>Principal Place of Business</b> 1830 BRAXTON BRAGG LANE CLEARWATER, FL 33765			<b>Mailing Address</b> 1830 BRAXTON BRAGG LANE CLEARWATER, FL 33765		
<b>2. Principal Place of Business - No P.O. Box #</b> 3040 Eastland Blvd Suite, Apt. #, etc. G 108		<b>3. Mailing Address</b> 3040 Eastland Blvd Suite, Apt. #, etc. G 108			
<b>City &amp; State</b> Clearwater FL		<b>City &amp; State</b> Clearwater FL		03262007    Chg-LLC    CR2E083 (12/06)	
<b>Zip</b> 33761		<b>Country</b> Pinellas		<b>4. FEI Number</b> 20-8078784	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  BLISARD, NILE 1830 BRAXTON BRAGG LANE CLEARWATER, FL, FL 33765			<b>7. Name and Address of New Registered Agent</b> Name: NILE BLISARD Street Address (P.O. Box Number is Not Acceptable): 3040 Eastland Blvd #G-108 City: Clearwater    FL    Zip Code: 33761		
<b>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.</b> SIGNATURE: <u>Nile Blisard</u> DATE: <u>3-26-07</u> <small>Signature, typed or printed name of registered agent and title 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>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR BLISARD, NILE 1830 BRAXTON BRAGG LANE CLEARWATER, FL 33765		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR BLISARD, NILE 3040 Eastland Blvd G 108 Clearwater FL 33761	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	
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	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Nile Blisard</u>			3-26-07		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date    Daytime Phone #</small>		