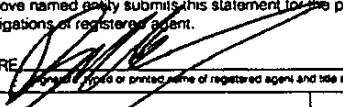
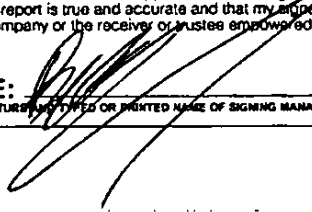


FILED
Mar 03, 2008 8:00 am
Secretary of State

01-25-2008 90087 041 ***143.75

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L07000027621			
1. Entity Name THE DELAND WOODCRAFTER, LLC			
Principal Place of Business 260 WESTCHESTER DR. DELAND, FL 32724 US		Mailing Address 260 WESTCHESTER DR. DELAND, FL 32724 US	
2. Principal Place of Business - No P.O. Box # 211 W Rich. Ave - Ste A		3. Mailing Address	
Suite, Apt. #, etc. Deland - FL		Suite, Apt. #, etc.	
City & State		City & State	
Zip 32720	Country Volusia	Zip	Country
6. Name and Address of Current Registered Agent WARREN, BRYAN E 260 WESTCHESTER DR. DELAND, FL 32724		4. FEI Number 20-8627173 Applied For Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required		7. Name and Address of New Registered Agent	
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.		Name	
SIGNATURE 		Street Address (P.O. Box Number is Not Acceptable)	
(NOTE: Registered Agent signature required when reinstating)		City	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		FL Zip Code	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
MGRM WARREN, BRYAN E 260 WESTCHESTER DR. DELAND, FL 32724 ☐ Delete		☐ Change ☐ Addition	
MGRM WARREN, NANCY S 260 WESTCHESTER DR. DELAND, FL 32724 ☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ 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: 			
SIGNATURE OF OFFICER OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date			
Daytime Phone #			

30000964



01222008 Chg-LLC CR2E083 (12/06)