2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L07000042379

Entity Name: KIERSTEAD CUSTOM CARPENTRY LLC

Current Principal Place of Business:

1691 NESBIT STREET
DELTONA, FL 32725

New Principal Place of Business:

1110 CAMBRIDGE STREET
DELTONA, FL 32725

Current Mailing Address:

1691 NESBIT STREET
DELTONA, FL 32725

New Mailing Address:

1110 CAMBRIDGE STREET
DELTONA, FL 32725

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KIERSTEAD, ROBERT L
1691 NESBIT STREET
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

KIERSTEAD, ROBERT L
1110 CAMBRIDGE STREET
DELTONA, FL 32725 US

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.

SIGNATURE: _____ 04/29/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KIERSTEAD, ROBERT L
Address: 1691 NESBIT STREET
City-St-Zip: DELTONA, FL 32725

Title: MGR ( ) Delete
Name: KIERSTEAD, DANIELLE L
Address: 1691 NESBIT STREET
City-St-Zip: DELTONA, FL 32725

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KIERSTEAD, ROBERT L
Address: 1110 CAMBRIDGE STREET
City-St-Zip: DELTONA, FL 32725

Title: MGR (X) Change ( ) Addition
Name: KIERSTEAD, DANIELLE L
Address: 1110 CAMBRIDGE STREET
City-St-Zip: DELTONA, FL 32725

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIELLE KIERSTEAD MGR 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date