2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M03000002391

 Entity Name COLUMNS AND CARVINGS, L.L.C.



FILED Jan 15, 2004 08:00 AM Secretary of State

Principal Place of Business

1121 RIVERCHASE OFFICE ROAD BIRMINGHAM, AL 35244 Mailing Address

1121 RIVERCHASE OFFICE ROAD BIRMINGHAM, AL 35244



DO NOT WRITE IN THIS SPACE

01072004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 16-1657893 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the purpose of changing its registe lons of registered agent.	ered office or registered agent, or bo	oth, in the State of Florida. I am famil	iar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE Register	red Agent signature required when reinstating)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2004	a name na propinsi	mark mark to the	· · · · · · · · · · · · · · · · · · ·
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERCHASE HOLDINGS, LLC 1121 RIVERCHASE OFFICE RD. BIRMINGHAM, AL 35244			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOBDELL, GREG 813 BOULDER RIDGE CIR. HOOVER, AL 35244		U00000005814 01/15/04-80063-029	5 50.00
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM LOBDELL, KIM 536 LEES TRACE MARRIETTA, GA 30132	DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN .	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			······································	
TITLE				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: __ Kutto Cof

NAME STREET ADDRESS CITY-ST-ZIP

PED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/1/04

205)982-5500