


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L05000044586</b> 1. Entity Name <b>MGF FRAMING, LLC</b>						<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 18px; font-weight: bold; margin-bottom: 10px;">06 JUN -2 PM 3:44</div> <div style="font-size: 14px; font-weight: bold;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business <b>2775 CATHEDRAL DRIVE, LOT 338 TALLAHASSEE, FL 32310</b>				Mailing Address <b>2775 CATHEDRAL DRIVE, LOT 338 TALLAHASSEE, FL 32310</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country <b>USA</b>		Zip		Country <b>USA</b>	
4. FEI Number <b>43-208-4917</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent <b>FERNANDEZ, MARIO G 2775 CATHEDRAL DRIVE, LOT 338 TALLAHASSEE, FL 32310</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$50.00 Due by May 1, 2006</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>MGRM FERNANDEZ, MARIO G 2775 CATHEDRAL DRIVE, LOT 338 TALLAHASSEE, FL 32310</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="font-size: 18px; font-weight: bold; text-align: center;">100076243551</div> <div style="font-size: 14px; font-weight: bold; text-align: center;">06/15/06--01035--007 **55.00</div> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FERNANDEZ, PAMELA G 2775 CATHEDRAL DRIVE, LOT 338 TALLAHASSEE, FL 32310</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM TEJADA, JOSE R JR. 2775 CATHEDRAL DRIVE, LOT 338 TALLAHASSEE, FL 32310</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SHAY, MATTHEW 2775 CATHEDRAL DRIVE, LOT 338 TALLAHASSEE, FL 32310</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Change           <input type="checkbox"/> Addition         </div>		
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.							
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <b>SIGNATURE: <u>Pamela Fernandez</u> Pamela Fernandez</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 35%;"> <b>6/01/06 (850) 519-2009</b>  <small>Date Daytime Phone #</small> </div> </div>							