

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90186 014 ****50.00

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01262004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L00000005499	
1. Entity Name MILLSTONE FRAMING, LLC	

Principal Place of Business 395 COMMERCIAL COURT SUITE D VENICE, FL 34292	Mailing Address 395 COMMERCIAL COURT SUITE D VENICE, FL 34292
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2. Principal Place of Business 740 Commerce Drive	3. Mailing Address 740 Commerce Drive
Suite, Apt. #, etc. Unit 9	Suite, Apt. #, etc. Unit 9
City & State VENICE FLORIDA	City & State VENICE FLORIDA
Zip 34292	Country SARASOTA

4. FEI Number 65-1008681	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BOONE, BOONE, BOONE, HINES & KODA, P.A. 1001 AVE DEL CIRCO P.O. BOX 1596 VENICE, FL 34285	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ADRIAN, DENNIS		NAME Adrian, DENNIS	
STREET ADDRESS 2073 PORTER LAKE DRIVE, UNIT C		STREET ADDRESS 740 Commerce Drive Unit 9	
CITY-ST-ZIP SARASOTA, FL 34240		CITY-ST-ZIP VENICE FLORIDA 34292	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Dennis E. Adrian **DENNIS E. ADRIAN** 1/31/04 944-485-6507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #