2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2008
Secretary of State

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Entity Name: SCHMITT FRAMING CONTRACTORS, L.L.C.

Current Principal Place of Business:

3822 SW 17TH AVENUE
CAPE CORAL, FL 33914

New Principal Place of Business:

439 SW 2ND STREET
CAPE CORAL, FL 33991

Current Mailing Address:

3822 SW 17TH AVENUE
CAPE CORAL, FL 33914

New Mailing Address:

439 SW 2ND STREET
CAPE CORAL, FL 33991

FEI Number: 65-1046824 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHMITT, RONALD
3822 SW 17TH AVENUE
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SCHMITT, RONALD E
Address: 3822 SW 17TH AVENUE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR ( ) Delete
Name: SCHMITT, PHILIP M
Address: 4122 SW 25TH PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: MGR ( ) Delete
Name: SANTORA, STEVEN C
Address: 243 SE 46TH TERRACE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: RONALD E. SCHMITT MGR 04/01/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date