

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90080 002 \*\*\*\*50.00

<b>DOCUMENT # L03000008220</b> 1. Entity Name <b>LIGHT STEEL FRAMING SERVICES, LLC</b>					
Principal Place of Business <b>2230 THUNDERBIRD TRAIL MAITLAND, FL 32751</b>			Mailing Address <b>2230 THUNDERBIRD TRAIL MAITLAND, FL 32751</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HUMPHRIES, J. GREGORY</b> <b>300 SOUTH ORANGE AVENUE, SUITE 1000</b> <b>ORLANDO, FL 32801-3373</b>				Name <b>Corporation Company of Orlando</b> Street Address (P.O. Box Number is Not Acceptable) <b>300 S. Orange Ave.</b> <b>suite 1000 (JGH)</b> City <b>Orlando</b>	
FL				Zip Code <b>32801</b>	
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		 <b>J. Gregory Humphries, Vice Pres.</b>		DATE <b>4-26-04</b>	
Filing Fee is \$50.00 Due by May 1, 2004				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	aecIT Solutions Corporation		NAME		
STREET ADDRESS	2230 Thunderbird Trail		STREET ADDRESS		
CITY-ST-ZIP	Maitland, FL 32751		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		
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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.					
aecIT Solutions Corporation					
SIGNATURE		 <b>Charles T. Gillen, Pres.</b>		DATE <b>4/12/4</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		DATE		Daytime Phone # <b>407 645 1303</b>	

44000000



04072004 Chg-LLC CR2E083 (10/03)

4. FEI Number ☐ Applied For  
☒ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUMPHRIES, J. GREGORY  
300 SOUTH ORANGE AVENUE, SUITE 1000  
ORLANDO, FL 32801-3373

Name  
Corporation Company of Orlando

Street Address (P.O. Box Number is Not Acceptable)  
300 S. Orange Ave.

suite 1000 (JGH)

City  
Orlando

FL

Zip Code  
32801

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SIGNATURE J. Gregory Humphries, Vice Pres.

DATE  
4-26-04

Filing Fee is \$50.00  
Due by May 1, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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aecIT Solutions Corporation

SIGNATURE Charles T. Gillen, Pres.

DATE  
4/12/4

Daytime Phone #  
407 645 1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #