ANNITAL DEPORT ANNUAL REPORT

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # L03000011233** 1. Entity Name SUTÉR FRAMING, L.L.C. 04-14-2004 90279 005 ****50 00 Principal Place of Business Mailing Address 721 SUNSET POINTE DRIVE 721 SUNSET POINTE DRIVE LAKE PLACID, FL 33852 LAKE PLACID, FL 33852 2. Principal Place of Business Mailing Address Dinte Dr. 621 Sunset Pointe Dr G21 Sunset Not applied Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/03) 03292004 Chg-LLC City & State 4. FEI Number Applied For City & State Placid Not Applicable \$5.00 Additional Country 5. Certificate of Status Desired Hanland Hahlands Fee Required 7. Name and Address of New Registered Agent 6. Name and Midress of Current Registered Agent Name SUTER, SUSAN M.; Street Address (P.O. Box Number is Not Acceptable) 721 SUNSET POINT DRIVE LAKE PLACID, FL 33852 City 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 ____ Make check payable to Filing Fee is \$50.00 Due by May 1, 2004 Florida Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS 10. MGRM TITLE ■ Addition Delete 🗎 TITLE ☐ Chance SUTER, SUSAN M HAVE 721 SUNSET POINTE DRIVE STREET ADDRESS STREET ADDRESS OTTY-ST-ZIP LAKE PLACID, FL 33852 CITY-5T-2P Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE Delete DIN E Change _ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP TITLE ☐ Addition TITLE Change □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAKE STREET ADDRESS STREET ADORESS 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.

FILED