

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 12, 2005 8:00 am**  
**Secretary of State**

04-12-2005 90017 003 \*\*\*\*50.00

**20029198**



|   |  |                     |   |  |  |
|---|--|---------------------|---|--|--|
| <b>DOCUMENT # L03000011233</b><br>1. Entity Name<br>SUTER FRAMING, L.L.C.   |  |                     |   |  |  |
| Principal Place of Business<br>621 SUNSET POINTE DRIVE<br>LAKE PLACID, FL 33852   |  |                     | Mailing Address<br>621 SUNSET POINTE DRIVE<br>LAKE PLACID, FL 33852 |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address  |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc. |   |  |  |
| City & State  |  | City & State        |   | 4. FEI Number<br><b>NOT APPLICABLE</b>   |  |
| Zip   |  | Country             |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                          |  |
| 6. Name and Address of Current Registered Agent   |  |                     |   | 7. Name and Address of New Registered Agent  |  |
| SUTER, SUSAN M<br>721 SUNSET POINT DRIVE<br>LAKE PLACID, FL 33852   |  |                     |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> 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 _____   |  |                     |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2005</b>   |  |                     |   | <b>Make check payable to<br/>Florida Department of State</b>   |  |
| 9. MANAGING MEMBERS/MANAGERS  |  |                     | 10. ADDITIONS/CHANGES   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | MGRM<br>SUTER, SUSAN M<br>721 SUNSET POINTE DRIVE<br>LAKE PLACID, FL 33852 |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Delete  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  |  |                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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. |  |                     |   |  |  |
| <b>SIGNATURE:</b> <i>Susan M. Suter</i>   |  |                     | Date: <i>4/7/05</i> Daytime Phone #: <i>(863) 465-6062</i>          |  |  |