

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

08-13-2004 90001 023 \*\*\*\*50.00

<b>DOCUMENT # L03000017223</b>	
1. Entity Name <b>AMERICAN STEEL FRAMED HOMES LLC</b>	

Principal Place of Business <b>213 MARILYN AVENUE HOWEY-IN-THE-HILLS, FL 34737</b>	Mailing Address <b>213 MARILYN AVENUE HOWEY-IN-THE-HILLS, FL 34737</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

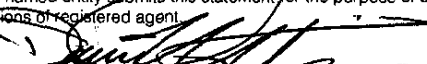


08032004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20 0430 333</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>SHORE, CHARLES W 213 MARILYN AVENUE HOWEY-IN-THE-HILLS, FL 34737</b>	7. Name and Address of New Registered Agent Name <b>MIKELS, DAVID</b> Street Address (P.O. Box Number is Not Acceptable) <b>212 PINECREST RD</b> City <b>MT DORA</b> FL <b>32757</b>
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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  DATE **8-10-04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGRM SHORE, CHARLES W. 213 MARILYN AVE. HOWEY-IN-THE-HILLS, FL 34737</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGRM MIKELS, DAVID 212 PINECREST RD MT DORA FL. 32757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGRM HOGAN, ROBIN 212 PINECREST RD MT DORA FL 32757</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>MGRM SHORE, MICHAEL A 213 MARILYN AVE HOWEY-IN-THE-HILLS FL 34737</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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.

SIGNATURE:  **CHARLES W. SHORE** 8/10/04 352-303-4012

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

Date Daytime Phone #