


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

05-06-2004 90001 005 ****55.00

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| DOCUMENT # L03000044352 | | | |  | |
| 1. Entity Name CONNER FRAMING, LLC | | | | | |
| Principal Place of Business 1167 ANDERSON SNOW RD SPRING HILL, FL 34609 | | | Mailing Address 1167 ANDERSON SNOW RD SPRING HILL, FL 34609 | | |
| 2. Principal Place of Business <i>Spring Hill Florida</i> Suite, Apt. #, etc. <i>1167 Anderson Snow Rd.</i> | | 3. Mailing Address <i>1167 Anderson Snow Rd.</i> Suite, Apt. #, etc. | |  | |
| City & State <i>Springhill Fl.</i> | | City & State <i>Springhill, Fl.</i> | | 04262004 Chg-LLC CR2E083 (10/03) | |
| Zip Country <i>34609 U.S.</i> | | Zip Country <i>34609 U.S.</i> | | 4. FEI Number <i>20-0389270</i> | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent CONNER, JAY A 1167 ANDERSON SNOW RD SPRING HILL, FL 34609 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <i>Jay A Conner</i> DATE <i>4/29/04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | <i>i did not receive this mail until 4/29/04 did not see date</i> | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR CONNER, JAY A 1167 ANDERSON SNOW RD SPRING HILL, FL 34609 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <i>Jay A Conner</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | Date <i>4/29/04</i> Daytime Phone # <i>352(799-3087)</i> | | |