2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

Spring	1. Entity Name	MENT # L03000044 FRAMING, LLC	352			90001 005 ****	
CONTRY State of Status Desired	1167 ANDER	SON SNOW RD	1167 ANDERSON SNOW Spring Hill, FL 34609	9 ,	_		
CONNER, JAY A SIGNATURE Supplementation of the interest of the purpose of changing its registered affect of the corresponding to the interest of the purpose of changing its registered affect of the corresponding to the interest of the purpose of changing its registered affect of the corresponding to the interest of the purpose of changing its registered affect of the corresponding to the interest of the purpose of changing its registered affect of the corresponding to the interest of the purpose of changing its registered affect of the corresponding to the interest of the purpose of changing its registered affect of the corresponding to the interest of the purpose of changing its registered affect of the purpose of changing its registered affect of the purpose of the interest of the purpose of changing its registered affect of the purpose of the interest of the purpose of changing its registered affect of the purpose of the interest of the purpose of changing its registered affect of the purpose of the interest of the purpose of changing its registered affect of the purpose of the interest of the purpose of changing its registered affect of the purpose of the interest of the purpose of changing its registered affect of the purpose of the interest of the purpose of changing its registered affect of the purpose of the interest of the purpose of changing its registered affect of the purpose of the interest of the purpose of changing its registered affect of the purpose of the purpose of changing its registered affect of the purpose of the purpose of changing its registered affect of the purpose of the purpose of changing its registered affect of the purpose of	PAT	19 Hill Florida	3. Mailing Address 1/67 Suite. Apt. #, etc.	lerson Snoc			
Steel Address of Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T.	City & State	151 El	City & State		4. FEI Number	CH2E083 (10/03	l) Applied For
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent, or both, in the State of Florida. The state of Registered agent, or both, in the State of Florida. The state of Registered agent, or both, in the State of Florida. The state of Registered agent, or both, in the State of Florida. The state of R	Zip	Country	Zip	Country		\$5.00 A	
CONNER, JAY A 1167 ANDERSON SNOW RD SPRING HILL, FL 34609 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, an the obligations of registered agent. SIGNATURE SIGNATURE Division for purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, an the obligations of registered agent. SIGNATURE Division for purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, an the obligations of registered agent. SIGNATURE Division for purpose of changing its registered office or registered agent, or both, in the State of Florida, I am familiar with, an the obligations of registered agent. SIGNATURE DIVISION FOR THE SOURCE Agent suprature required women retrialing. DATE DATE Make chieck payable to Triving Pool is \$50.00 Durb by Many 1, 2004 Florida Department of State ONNER, JAY A SIRET ADDRESS CITY ST- ZP CITY ST				- 1	7. Name and Address of New I		=======================================
B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent? SIGNATURE Signature. Type for its \$50.00 Due by May 1, 2004 The purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, an the obligations of registered agent. Filling Foe is \$50.00 Due by May 1, 2004 The purpose of changing its registered agent, or both, in the State of Florida. Department of State and the if accidence Agent spreadure required when reinstains) DATE Filling Foe is \$50.00 Due by May 1, 2004 THE Make check payable to the foliation of State and the if accidence Agent spreadure agent and the if accidence Agent spreadure agent and the if accidence Agent spreadure required when reinstains) DATE Make check payable to the foliation of State and the if accidence Agent spreadure required when reinstains) DATE Make check payable to the foliation of State and the if accidence Agent spreadure required when reinstains) DATE Make check payable to the foliation of State and the if accidence Agent spreadure required when reinstains) Make check payable to the foliation of State and the if accidence Agent spreadure required when reinstains) Make check payable to the pa	1167 ANDERSON SNOW RD				s (P.O. Box Number is Not Acceptable	e)	
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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 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 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 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 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 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 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 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 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 stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information stated in Section 119.07(3	indicated limited lial	on this report is true and accurate and billity company or the receiver or trustee	that my signature shall have t	he same legal effect as i	f made under oath; that I am a mana apter 608, Florida Statutes.	iging member or mana	ger of the