


2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000044352		
1. Entity Name CONNER FRAMING, LLC		

FILED

2004 SEP 20 P 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 1167 ANDERSON SNOW RD SPRING HILL, FL 34609	Mailing Address 1167 ANDERSON SNOW RD SPRING HILL, FL 34609
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2. Principal Place of Business <i>1167 Anderson Snow Rd</i> Suite, Apt. #, etc.	3. Mailing Address <i>1167 Anderson Snow Rd</i> Suite, Apt. #, etc.
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09022004 Chg-LLC CR2E083 (10/03)

City & State <i>Springhill, Florida</i>	City & State <i>Springhill, Florida</i>
Zip <i>34609</i>	Zip <i>34609</i>
Country <i>U.S.</i>	Country <i>U.S.</i>

4. FEI Number 20-0389270	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent CONNER, JAY A 1167 ANDERSON SNOW RD SPRING HILL, FL 34609	
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7. Name and Address of New Registered Agent Name <i>JAY CONNER</i> Street Address (P.O. Box Number is Not Acceptable) <i>1167 Anderson Snow Rd</i> City <i>Springhill</i> FL Zip Code <i>34609</i>	
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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 <i>Jay A Conner</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>	DATE <i>9/15/04</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>

Amended AR is \$50.00	Make check payable to Florida Department of State
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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
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
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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: <i>JAY A. CONNER</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	DATE <i>9/15/04</i> DAYTIME PHONE # <i>352 799 3087</i>