2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Sep 20, 2004 8:00 am Secretary of State DOCUMENT # L03000044384 09-20-2004 90096 019 ****50.00 CARVER METAL FRAMING LIMITED LIABILITY Principal Place of Business Mailing Address 1221 ROSCOMARE AVE. ORLANDO FL 32806 1221 ROSCOMARE AVE. ORLANDO FL 32806 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (4/04) City & State 4. FEI Number City & State Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARVER, BRYCE Street Address (P.O. Box Number is Not Acceptable) 1221 ROSCOMARE AVE. ORLANDO FL 32806 City 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 Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 8, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CARVER, BRYCE NAME STREET ADDRESS 1221 ROSCOMARE AVE. STREET ADDRESS CITY-ST-71P ORLANDO FL 32806 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

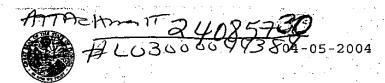
indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Date

FILED

#L03000 44384 24085730 Sept. 13, 2004

Due to the recent
Due to the recent horizains and bad weather
I was delayed in sending
this report in. It there
15 A 19te charge Please
Advise me by mail and
I will send it out
right away.
Sincerely
Bryce Chruer
Chroer Metal Framing, LLC
Dyu h



TOM GALLAGHER
CHIEF FINANCIAL OFFICER

STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION

** CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW *

CONSTRUCTION INDUSTRY EXEMPTION

This certifies that the individual listed below has elected to be exempt from Florida Workers' Compensation Law

EFFECTIVE DATE: 03/11/2004

* EXPIRATION DATE 03/17/2006

PERSON:

ARVER C BRYCE

L

BUSINESS NAME

CARVER METAL FRAMING LLC

ÄND ADDRESS: 1221 ROSCOMARE AVE ORLANDO FL

FL 32806

SCOPE OF BUSINESS OR TRADE: FRAMING

IMPORTANT: Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter.

DWC-252 CERTIFICATE OF ELECTION TO BE EXEMPT REVISED 01-04

QUESTIONS? (850) 488-2333

PLEASE CUT OUT THE CARD BELOW AND RETAIN FOR FUTURE REFERENCE

EFFECTIVE: 03/11/2004 ** EXPRATION DATE: 03/11/2006 FEDSON: TO CARRE FOR THE PROPERTY OF THE	FOUL IMPORTANT Pursuant to Chapter 440.05(14), F.S., an officer of a corporation who elects exemption from this chapter by filing a certificate of election under this section may not recover benefits or compensation under this chapter. QUESTIONS? (850) 488-2333
SCOPE OF BUSINESS OR TRADE: FRAMING	Q0L3110H3: [439] 400 2333 .

CUT HERE

* Carry bottom portion on the job, keep upper portion for your records.