


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 20, 2004 8:00 am
Secretary of State

09-20-2004 90096 019 *****50.00

DOCUMENT # L03000044384

1. Entity Name
CARVER METAL FRAMING LIMITED LIABILITY COMPANY



Principal Place of Business : Mailing Address
1221 ROSCOMARE AVE. 1221 ROSCOMARE AVE.
ORLANDO FL 32806 ORLANDO FL 32806

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **562416857** Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required



MOORE CR2E083 (4/04)

6. Name and Address of Current Registered Agent
CARVER, BRYCE
1221 ROSCOMARE AVE.
ORLANDO FL 32806

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 _____ (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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARVER, BRYCE 1221 ROSCOMARE AVE. ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Bryce Carver* **321-79 5454**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

#L030000 44384

24085730 Sept. 13, 2004

Due to the recent
hurricanes and bad weather
I was delayed in sending
this report in. If there
is a late charge please
advise me by mail and
I will send it out
right away.

Sincerely
Bryce Carver
Carver Metal Framing, LLC

Bryce Carver

Attachment 24085730
#L030000993804-05-2004



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: 03/11/2006

PERSON: CARVER BRYCE L

FEIN: 562416857

BUSINESS NAME: CARVER METAL FRAMING LLC
AND ADDRESS: 1221 ROSCOMARE AVE
ORLANDO FL 32806

SCOPE OF BUSINESS OR TRADE: FRAMING

MEETS REISSUANCE REQUIREMENTS

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

<p>STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES DIVISION OF WORKERS' COMPENSATION</p> <p>CONSTRUCTION INDUSTRY</p> <p>CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW</p> <p>EFFECTIVE: 03/11/2004</p> <p>** EXPIRATION DATE: 03/11/2006</p> <p>PERSON: CARVER BRYCE L</p> <p>FEIN: 562416857</p> <p>BUSINESS NAME: CARVER METAL FRAMING LLC AND ADDRESS: 1221 ROSCOMARE AVE ORLANDO FL 32806</p> <p>SCOPE OF BUSINESS OR TRADE: FRAMING</p>	<p>F O L D</p> <p>IMPORTANT</p> <p>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.</p> <p>QUESTIONS? (850) 488-2333</p>
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CUT HERE

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