

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90119 036 \*\*\*\*50.00



**DOCUMENT # L03000044384**

1. Entity Name  
**CARVER METAL FRAMING LIMITED LIABILITY COMPANY**

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



2. Principal Place of Business: **1221 Roscomare Ave**  
 Suite, Apt. #, etc.

3. Mailing Address: **1221 Roscomare Ave**  
 Suite, Apt. #, etc.

1st MOORE CR2E083 (10/04)

City & State: **Orlando FLA**  
 Zip: **32806** Country: **U.S.**

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 Zip: **32806** Country: **U.S.**

4. FEI Number: **06-2416857**  
 Applied For:  Not Applicable

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

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: *Bryce Carver* (NOTE Registered Agent signature required when reinstating) DATE: **5/12/05**

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CARVER, BRYCE 1221 ROSCOMARE AVE. ORLANDO FL 32806</b>	<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
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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)(l), 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* DATE: **5/12/05** DAYTIME PHONE #: **407 202-5099**