


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 17, 2006 8:00 am**  
**Secretary of State**

05-17-2006 90090 026 \*\*\*\*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
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2. Principal Place of Business <i>1221 Roscomare</i>	3. Mailing Address <i>1221 Roscomare</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Orlando Fla</i>	City & State <i>Orlando Fla</i>
Zip <i>32806</i>	Zip <i>32806</i>
Country <i>U.S.</i>	Country <i>U.S.</i>

4. FEI Number <b>56-2416857</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required



1st MOORE CR2E083 (10/05)

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 *5/11/06*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State.**  
**Due By May 1, 2006.**

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *5-10-06*  
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #