

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**



<b>DOCUMENT # L03000044384</b>	
1. Entity Name <b>CARVER METAL FRAMING LIMITED LIABILITY COMPANY</b>	
Principal Place of Business <b>1221 ROSCOMARE AVE. ORLANDO FL 32806</b>	Mailing Address <b>1221 ROSCOMARE AVE. ORLANDO FL 32806</b>



1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box # <i>1221 Roscomare Ave</i>	3. Mailing Address <i>1221 Roscomare Ave</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Orlando Fla</i>	City & State <i>Orlando Fla</i>	4. FEI Number <b>56-2416857</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32806</i>	Country <i>Orange</i>	Zip <i>32806</i>	Country <i>Orange</i>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>CARVER, BRYCE 1221 ROSCOMARE AVE. ORLANDO FL 32806</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 re-registering) DATE *4/22/07*

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<b>MGR</b> <b>CARVER, BRYCE</b> <b>1221 ROSCOMARE AVE.</b> <b>ORLANDO FL 32806</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-STATE-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: *4/22/07* DAYTIME PHONE #: *321-2025080*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #