

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90032 012 ****50.00

| | | | | | |
|--|--|---|--|---|--|
| DOCUMENT # L03000045644 1. Entity Name CUSTOM FRAMEWORKS, L.L.C. | | | |  | |
| Principal Place of Business P.O. BOX 1328 DESTIN, FL 32540 | | | Mailing Address P.O. BOX 1328 DESTIN, FL 32540 | | |
| 2. Principal Place of Business <u>629 Second St</u> Suite, Apt. #, etc. | | 3. Mailing Address <u>629 Second St</u> Suite, Apt. #, etc. | | | |
| City & State <u>Destin, FL</u> | | City & State <u>Destin, FL</u> | | 4. FEI Number 61-1459937 | |
| Zip <u>32541</u> | | Country <u>USA</u> | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent WEIMORTS, MICHAEL L ESQ. SUITE 209, THE PLAZA 4507 FURLING LANE DESTIN, FL 32541 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <u>FL</u> 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 <u>[Signature]</u> DATE <u>5/3/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by September 6, 2006 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GIPSON, BRAD 4521 GOLF VILLE CT UNIT 1101 DESTIN, FL 32541 | | | <input checked="" type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GIPSON, CLINT 627 SECOND ST DESTIN, FL 32541 | | | <input checked="" type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GIPSON, DOUG 627 SECOND ST DESTIN, FL 32541 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Doug Gipson 627 Second St. Destin, FL 32541 | | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GIPSON, DOUG 627 SECOND ST DESTIN, FL 32541 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GIPSON, DOUG 627 SECOND ST DESTIN, FL 32541 | | | <input type="checkbox"/> Delete | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM GIPSON, DOUG 627 SECOND ST DESTIN, FL 32541 | | | <input type="checkbox"/> Delete | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | | Date <u>5-3-06</u> Daytime Phone # <u>699-2399</u> | |