2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000047879

1. Entity Name

BOBBY DONALDSON FRAMING, LLC



FILED Jan 25, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

14 CREEKSIDE WATERVIEW PLACE

FREEPORT, FL 32439

PO BOX 2311

SANTA ROSA BEACH, FL 32459



01192008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number	 Applied For
61-1463917	 Not Applicable
5. Certificate of Status Desired	\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

DONALDSON, BOBBY 14 CREEKSIDE WATERVIEW PLACE FREEPORT, FL 32439

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	named entity submits this statement for the purpose of chan tions of registered agent.	ging its registered office or registered agent, or both, i	n the State of Florida. I am familiar with, and accept
, the obligat	uons orregistered agent.		•
SIGNATURE.			
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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After May	7 1, 2008 Fee will be \$538.75		KW 5.70
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9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	DONALDSON, BOBBY		
STREET ADDRESS	14 CREEKSIDE WATERVIEW PLACE		
CITY-ST-ZIP	FREEPORT, FL 32439		
TITLE	MGRM	•	
NAME	DONALDSON, KEVIN		U00000798475
STREET ADDRESS	PO BOX 236	1	01/29/08-80034-014 138.75
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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: Bobby Onaldson Bobby Onaldson 1/23/08 850-835-0196

BIGNATURE AND TYPED OR FUNTED NAME OF BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Depting Proper of Depting Proper