2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 20, 2005 8:00 am Secretary of State

DOCUMENT # L04000015918				04-20-2005 90030 025 ****50.00	
1. Entity Name PRO-FRAME CONSTRUCTION, LLC				04-20-2003 70030 023 30.00	
PRO-FRAME CONSTRUCTION, LLC					
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Principal Place of Business Mailing Address 28265 NE 65TH TERRACE 28265 NE 65TH TERRACE				and and the contract of the co	A COUNTY OF THE
	E, FL 34972 US	28265 NE 65TH TERRACE OKEECHOBEE, FL 34972 US			20038476
				: (SENSI) SI) CENT SISTEMANT DEN PRIN HER GITS FRES (PRE 1816) HI 1651	
2. Principal Place of Business		3. Mailing Address			
<u> </u>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04042005 Chg-LLC CR2E083 (10/03)
City & State		City & State			4. FEI Number Applied For Not Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired \$5.00 Additional
	6. Name and Address of Current	egistered Agent			Fee Required 7. Name and Address of New Registered Agent
40	Nan				11 Marillo and Changes of Horri Hegierolan Albani
NOURSE, 28265 NF	JOHN W 65TH TERRACE		Street Address		(P.O. Box Number is Not Acceptable)
OKEECHOBEE, FL: 34972					
			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	Signature, typed or printed name of registered agent	and title if applicable (NOTE	:: Registere	d Agent signature require	od when reinstating) DATE
		a to assess and a recommendation of a series of			Maka abaak nayahta ta
Filing Fee is \$50.00 Due by May 1, 2005					Make check payable to Florida Department of State
9. MANAGING MEMBERS/MANAGERS			10.		ADDITIONS/CHANGES
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	NOURSE, JOHN W 28265 NE 65TH TERRACE			E Et address	
CITY-ST-ZIP	1		1	-ST-ZIP	
TITLE	`	☐ Delete	TITLE	i	☐ Change ☐ Addition
NAME STREET ADDRESS	s		NAM	et address	
CITY-ST-ZIP	33			-ST-ZIP	
TITLE	Delete		TITLE	E	☐ Change ☐ Addition
NAME STREET ADDRESS			NAM	E ET ADDRESS	
CITY+ST-ZIP				-ST-ZIP	
TITLE		☐ Delete	TITLE	E .	☐ Change ☐ Addition
NAME	<u> </u>		NAM	·	
STREET ADDRÉSS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	
TITLE	_		TITLE		Change
NAME			NAM	E	- · -
STREET ADDRESS CITY+ST-ZIP				ET ADDRESS - ST-2IP	
TITLE			TITLE		☐ Change ☐ Addition
NAME			NAM	l.	Change Addition
STREET ADDRESS	•			ET ADDRESS	
CITY-ST-ZIP				-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					