



**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90126 013 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L04000037916</b>			
1. Entity Name <b>C &amp; H FRAMING LLC</b>			
Principal Place of Business <b>1416 COLUMBIA DR. HOLLY HILL, FL 32117</b>		Mailing Address <b>1416 COLUMBIA DR. HOLLY HILL, FL 32117</b>	
2. Principal Place of Business <b>3947 N INDIAN RIVER DR</b>		3. Mailing Address <b>3947 N INDIAN RIVER DR</b>	
Subs. Apt. #, etc.		Subs. Apt. #, etc.	
City & State <b>COCOA FL</b>		City & State <b>COCOA FL</b>	
Zip <b>32926</b>	Country <b>USA</b>	Zip <b>32926</b>	Country <b>USA</b>
4. FEI Number <b>20 1179781</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HORTON, KELLY ANN 1418 COLUMBIA DR. HOLLY HILL, FL 32117</b>		7. Name and Address of New Registered Agent Name: <b>ROBERT W COLLINS</b> Street Address (P.O. Box Number is Not Applicable): <b>3947 N INDIAN RIVER DRIVE</b> City: <b>COCOA</b> FL Zip Code: <b>32926</b>	
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 _____ (NOT: Registered Agent signature intended when canceling) _____ DATE _____			
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 NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM HORTON, KELLY ANN 1416 COLUMBIA DR. HOLLY HILL, FL 32117</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM COLLINS, ROBERT W 1408 COLUMBIA DR. HOLLY HILL, FL 32117</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM ROBERT W COLLINS 3947 N INDIAN RIVER DRIVE COCOA FL 32926</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 exemption stated in Section 119.07(3)(f), 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 procure this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		ROBERT W COLLINS 4/30/05 (321) 632 3642	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ DAYTIME PHONE # _____			