

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042998

FILED
Jul 15, 2005
Secretary of State

Entity Name: JOEL ROSAS FRAMING L.L.C.

Current Principal Place of Business:

8010 TOMMY COURT
TAMPA, FL 33619

New Principal Place of Business:

1707 WISHING WELL WAY
TAMPA, FL 33619 US

Current Mailing Address:

8010 TOMMY COURT
TAMPA, FL 33619

New Mailing Address:

1707 WISHING WELL WAY
TAMPA, FL 33619 US

FEI Number: 56-2512435 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSAS, JOEL
8010 TOMMY COURT
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

ROSAS, JOEL
1707 WISHING WELL WAY
TAMPA, FL 33619 US

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.

SIGNATURE: JOEL ROSAS

07/15/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSAS, JOEL
Address: 8010 TOMMY COURT
City-St-Zip: TAMPA, FL 33619

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MNGR (X) Change () Addition
Name: ROSAS, JOEL
Address: 1707 WISHING WELL WAY
City-St-Zip: TAMPA, FL 33619 US

Title: PRES () Change (X) Addition
Name: ROSAS, JOEL
Address: 1707 WISHING WELL WAY
City-St-Zip: TAMPA, FL 33619 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOEL ROSAS

MNGR

07/15/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date