

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000056511

Entity Name: KJM FRAMING, LLC

FILED
Jan 17, 2005
Secretary of State

Current Principal Place of Business:

237 11TH AVENUE
OCOE, FL 34761 US

New Principal Place of Business:

Current Mailing Address:

237 11TH AVENUE
OCOE, FL 34761 US

New Mailing Address:

FEI Number: 20-1431028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ENGLISH, WILLIAM
237 11TH AVENUE
OCOE, FL 34761 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ENGLISH, WILLIAM
Address: 237 11TH AVENUE
City-St-Zip: OCOE, FL 34761 US

Title: MGR () Delete
Name: GILGER, DALE A
Address: 237 11TH AVENUE
City-St-Zip: OCOE, FL 34761 US

Title: MGR () Delete
Name: COCKCROFT, ROBERT F JR.
Address: 1408 KIRBY STREET
City-St-Zip: OCOE, FL 34787

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: CUMMINGS, PAUL
Address: 310 SAVINAL STREET
City-St-Zip: OCOE, FL 34761 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM ENGLISH

MGRM

01/17/2005

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