2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# L04000085674

Entity Name: MOORE FRAMING, LLC.

Current Principal Place of Business:

102 5TH STREET
APALACHICOLA, FL 32320

New Principal Place of Business:

Current Mailing Address:

102 5TH STREET
APALACHICOLA, FL 32320

New Mailing Address:

FEI Number: 20-1920126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

MOORE, FOSTER
102 5TH STREET
APALACHICOLA, FL 32320 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/MANAGERS:

Title: MGR ( ) Delete
Name: MOORE, FOSTER
Address: 102 5TH STREET
City-St-Zip: APALACHICOLA, FL 32320

Title: MGRM ( ) Delete
Name: HOLLY, MICHAEL
Address: 102 5TH STREET
City-St-Zip: APALACHICOLA, FL 32320

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

ADDITIONS/CHANGES:

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

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

Title: MGRM ( ) Change (X) Addition
Name: JOHNSON, ADAM
Address: 102 5TH. STREET
City-St-Zip: APALACHICOLA, FL 32320

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: FOSTER MOORE MGR 09/06/2005

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