2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030661

Entity Name: KALAMA FRAMING L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
15 OBEDIHA-TRIPPLET RD CRAWFORDVILLE, FL 32327	15 OBEDIAH-TRIPLETT RD CRAWFORDVILLE, FL 32327

Current Mailing Address:	**New Mailing Address:**
15 OBEDIHA-TRIPPLET RD CRAWFORDVILLE, FL 32327	15 OBEDIAH-TRIPLETT RD CRAWFORDVILLE, FL 32327

FEI Number: 20-4081762   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:	**Name and Address of New Registered Agent:**
KALAMA, FAXON B 15 OBEDIHA-TRIPPLET RD CRAWFORDVILLE, FL 32327 US	KALAMA, FAXON B 15 OBEDIAH-TRIPLETT RD CRAWFORDVILLE, FL 32327 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: _____   07/12/2006

                  Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	KALAMA, FAXON	Name:	KALAMA, FAXON
Address:	15 OBEDIHA-TRIPPLET RD	Address:	15 OBEDIAH-TRIPLETT RD
City-St-Zip:	CRAWFORDVILLE, FL 32327	City-St-Zip:	CRAWFORDVILLE, FL 32327

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: FAXON B. KALAMA   MR.   07/12/2006

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