


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 16, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L05000041627 1. Entity Name DEL MAR FRAMING & CUSTOM HOMES, LLC	
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Principal Place of Business 2709 DEL MAR DR. GULF BREEZE, FL 32563 US	Mailing Address 2709 DEL MAR DR. GULF BREEZE, FL 32563 US
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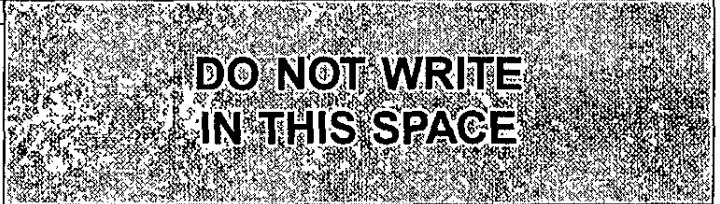


07142008No Chg-LLC CR2E083 (12/07)

4. FEI Number 73-1735075	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWELL, VINCE  
2709 DEL MAR DR.  
GULF BREEZE, FL 32563



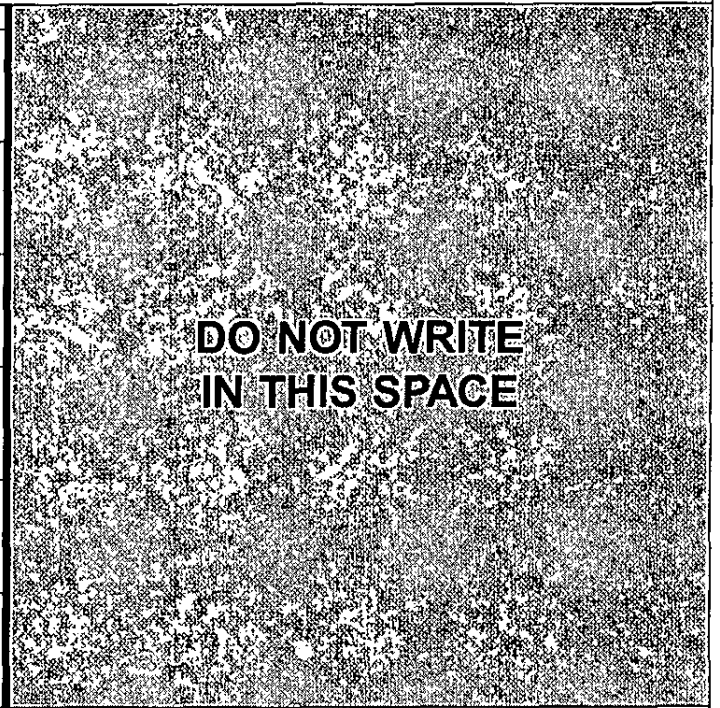
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

000000955270  
07/16/08-80009-009 138.75

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWELL, VINCE 2709 DEL MAR DR. GULF BREEZE, FL 32563
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	



11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: Vince Howell 13 Jun 08  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #