

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044983

FILED  
Jan 31, 2006  
Secretary of State

Entity Name: GET FRAMED AND MORE, L.L.C.

## Current Principal Place of Business:

13577 FEATHER SOUND DRIVE, SUITE 550  
CLEARWATER, FL 33762

## New Principal Place of Business:

70 W. CYPRESS BLVD.  
HOMOSASSA, FL 34446

## Current Mailing Address:

13577 FEATHER SOUND DRIVE, SUITE 550  
CLEARWATER, FL 33762

## New Mailing Address:

70 W. CYPRESS BLVD.  
HOMOSASSA, FL 34446

FEI Number: 20-2798512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

COLLVER, KEVIN M  
13577 FEATHER SOUND DRIVE, SUITE 550  
CLEARWATER, FL 33762 US

## Name and Address of New Registered Agent:

BASKIN, HAMDEN H III  
13577 FEATHER SOUND DRIVE, SUITE 550  
CLEARWATER, FL 33762 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: HAMDEN H. BASKIN, III

01/31/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: HOWER, THURSTON  
Address: 13577 FEATHER SOUND DRIVE, SUITE 550  
City-St-Zip: CLEARWATER, FL 33762

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: HOWER, THURSTON  
Address: 70 W. CYPRESS BLVD.  
City-St-Zip: HOMOSASSA, FL 34446

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: THURSTON HOWER

MGRM

01/31/2006

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