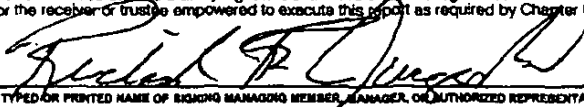


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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05-16-2006 90182 028 ****55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 10 PM 4:38

DOCUMENT # L05000068686 1. Entity Name RIT'S FRAMING & CONSTRUCTION LLC					
Principal Place of Business 120 BRIGHTON CIRCLE ARBURDALE, FL 33823			Mailing Address 120 BRIGHTON CIRCLE ARBURDALE, FL 33823		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country			
4. FFI Number 203142633				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JURCZAK, RICHARD F 120 BRIGHTON CIRCLE ARBURDALE, FL 33823	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JURCZAK, RICHARD F 120 BRIGHTON CIRCLE ARBURDALE, FL 33823	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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 608, Florida Statutes.					
SIGNATURE: 		Date 5/11/06 Daytime Phone # 863 268 0197			