2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT



FILED

Apr 11, 2006 8:00 am Secretary of State

04-11-2006 90015 034 ****50 00 **DOCUMENT #L05000077832** GULF COAST FRAMING, LLC Mailing Address Principal Place of Business 20027867 1601 VIRGINIA AVE 1601 VIRGINIA AVE LYNN HAVEN, FL 32444 LYNN HAVEN, FL 32444 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04102006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For Not Applicable 421*6*76894 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON, CHRISTOPHER R 1409 CHERRY ST Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY, FL 32401 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to. Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM TITLE Change ☐ Addition Defete JACKSON, CHRISTOPHER R NAME NAME STREET ADDRESS 1409 CHERRY ST STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL 32401 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ☐ Change ■ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP C!TY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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 608, Florida Statutes.

CITY-ST-ZIP

JRE: White A Jackson 4/10/06
SIGNATURE AND TYPED OR PRINTED NAME OF SUNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date