


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000086695 1. Entity Name WILLIAM MCMILLIAN FRAMING LLC	
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FILED

07 JUL -5 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 2811 TARTARY DRIVE TALLAHASSEE, FL 32301	Mailing Address 2811 TARTARY DRIVE TALLAHASSEE, FL 32301
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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BK

07052007 Chg-LLC CR2E083 (12/06)

City & State Zip	City & State Zip	4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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6. Name and Address of Current Registered Agent MCMILLIAN, WILLIAM 2811 TARTARY DRIVE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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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: *William McMillian* (NOTE: Registered Agent signature required when reinstating)

DATE: 7/5/2007

Filing Fee is \$50.00 Due by September 14, 2007	BK	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMILLIAN, WILLIAM	NAME	100105271771
STREET ADDRESS	2811 TARTARY DRIVE	STREET ADDRESS	07/10/07--01042--016 **50.00
CITY-ST-ZIP	TALLAHASSEE, FL 32301	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *William McMillian* July 5, 2007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #