

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101351

FILED
Jan 27, 2006
Secretary of State

Entity Name: FRAMERS & PAYROLL SERVICES, LLC

Current Principal Place of Business:

10301 US HIGHWAY 27
62
CLERMONT, FL 34711 US

New Principal Place of Business:

3252 WHITE BLOSSOM LANE
CLERMONT, FL 34711 US

Current Mailing Address:

10301 US HIGHWAY 27
62
CLERMONT, FL 34711 US

New Mailing Address:

3252 WHITE BLOSSOM LANE
CLERMONT, FL 34711 US

FEI Number: 86-1148793

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSEY, JAMES R
9491 CR 125 C
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: COHEE, DAVID H
Address: 10301 US HIGHWAY 27 #62
City-St-Zip: CLERMONT, FL 34711 US

Title: T () Delete
Name: COHEE, SHERRY L
Address: 10301 US HIGHWAY 27 #62
City-St-Zip: CLERMONT, FL 34711 US

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: COHEE, DAVID H
Address: 3252 WHITE BLOSSOM LANE
City-St-Zip: CLERMONT, FL 34711 US

Title: T (X) Change () Addition
Name: COHEE, SHERRY L
Address: 3252 WHITE BLOSSOM LANE
City-St-Zip: CLERMONT, FL 34711 US

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: SHERRY COHEE

T

01/27/2006

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