

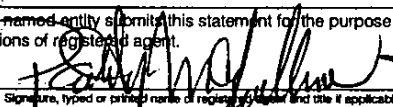
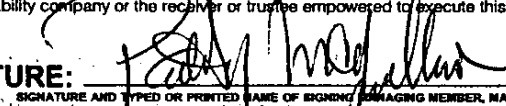


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 24, 2006 8:00 am**  
**Secretary of State**

03-24-2006 90219 031 \*\*\*\*55.00

<b>DOCUMENT # L05000107302</b> 1. Entity Name <b>FLORIDA FRAMERS LLC</b>					
Principal Place of Business <b>P.O. BOX 187 JENSEN BEACH, FL 34958 US</b>			Mailing Address <b>P.O. BOX 187 JENSEN BEACH, FL 34958 US</b>		
2. Principal Place of Business <b>106 S. MANOR AVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>106 S. MANOR AVE</b> Suite, Apt. #, etc.			
City & State <b>STUART FL.</b> Zip <b>34994</b> Country <b>USA</b>		City & State <b>STUART, FL.</b> Zip <b>34994</b> Country <b>USA</b>		4. FEI Number <b>20-3766552</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>MCQUILLAN, PATRICK J 441 37TH STREET WEST PALM BEACH, FL 33407</b>			7. Name and Address of New Registered Agent Name <b>MCQUILLAN PATRICK J</b> Street Address (P.O. Box Number is Not Acceptable) <b>106 S MANOR AVE</b> City <b>STUART</b> <b>FL</b> Zip Code <b>34994</b>		
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  <b>PATRICK MCQUILLAN</b> <b>3-21-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MCQUILLAN, PATRICK J P.O. BOX 187 JENSEN BEACH, FL 34958</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
<b>SIGNATURE:</b> 			<b>3-21-06 8023161316</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		