


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000037017					
1. Entity Name DARRELL HOLDER FRAMING LLC					
Principal Place of Business 17 LOWER BRIDGE ROAD CRAWFORDVILLE, FL 32327			Mailing Address 17 LOWER BRIDGE ROAD CRAWFORDVILLE, FL 32327		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05082007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HOLDER, DARRELL 17 LOWER BRIDGE ROAD CRAWFORDVILLE, FL 32327				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 14, 2007		BK		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOLDER, DARRELL 17 LOWER BRIDGE ROAD CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Christian Hildenbrand 4539 Mizzennmast Ln. 32310 TALLAHASSEE FL 100102194821 05/11/07--01007--001 **50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REDMAN, DAVID D 17 LOWER BRIDGE ROAD CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVENPORT, TIMOTHY K 17 LOWER BRIDGE ROAD CRAWFORDVILLE, FL 32327		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <i>Darrell Holder</i>			5-08-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

FILED

07 MAY -8 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

