

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000002369

**FILED**  
**Feb 15, 2006**  
**Secretary of State**

**Entity Name:** FAST TRACK DRYWALL, LLC.

**Current Principal Place of Business:**

6102 ALPENROSE AVE  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

6102 ALPENROSE AVE  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 20-0569416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

REYES, GERARDO  
6102 ALPENROSE AVE.  
JACKSONVILLE, FL 32256 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: MGRM ( ) Delete  
Name: REYES, GERARDO  
Address: 6102 ALPENROSE AVE  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGRM ( ) Delete  
Name: REYES, ADRIANA  
Address: 6102 ALPENROSE AVE.  
City-St-Zip: JACKSONVILLE, FL 32256

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: REYES, GERARDO  
Address: 6102 ALPENROSE AVE  
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: MGRM (X) Change ( ) Addition  
Name: REYES, ADRIANA  
Address: 6102 ALPENROSE AVE.  
City-St-Zip: JACKSONVILLE, FL 32256 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: GERARDO REYES

MGRM

02/15/2006

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