2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000011495

CONLEY, PETER & JILL

38 OYSTER SHELL LANE

HILTON HEAD, SC 29926

Name:

Address:

City-St-Zip:

Entity Name: FLORIDA STATE PLASTERING, L.L.C.

FILED Jun 29, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 11955 DEL WEBB BLVD **UNIT #12** SUMMERFIELD, FL 34491 **New Mailing Address: Current Mailing Address:** 3300 A MEADE AVE LAS VEGAS, NV 89102 FEI Number: 91-2077471 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SHUSTER, WALTER D Name: Name: Address: 14447 N. 29TH ST. Address: City-St-Zip: PHEONIX, AZ 85032 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HARRIS, CHRISTOPHER L Name: Address: 3324 HASTINGS AVE. Address: City-St-Zip: LAS VEGAS, NV 89107 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition NIBLEY, CHARLES&SUSAN Name: Name: 3120 RAWSHIDE DR. Address: Address: City-St-Zip: PRESCOTT, AZ 86301 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Name:

Address:

City-St-Zip:

SIGNATURE: CHRISTOPHER HARRIS MBR 06/29/2005