

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Jul 13, 2007 8:00 am
Secretary of State

07-13-2007 90032 023 ****55.00

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07032007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L00000011495		
1. Entity Name FLORIDA STATE PLASTERING, L.L.C.		

Principal Place of Business 13060 SE COUNTY RD. 484 BELLEVUE, FL 34420	Mailing Address 3308 MEADE AVE LAS VEGAS, NV 89102
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <i>1012 Sharp Cr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State <i>N Las Vegas NV</i>
Zip	Zip <i>89030</i>
Country	Country <i>United States</i>

4. FEI Number 91-2077471	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent BHAME, RONALD M 628 HAMPTON DOWNS COURT JACKSONVILLE, FL 32259	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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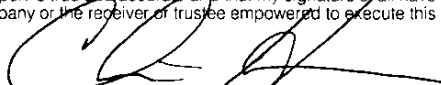
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARRIS, CHRISTOPHER L 3324 HASTINGS AVE LAS VEGAS, NV 89107 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1012 SHARP CRUE N. LAS VEGAS, NV 89030</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONLEY, PETER & JILL 38 OYSTER SHELL LANE HILTON HEAD, SC 29926 <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
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
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
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.

SIGNATURE:  *Man* **7/6/07** **702 273-4165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #