

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000010745

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: GREAT EASTERN DRYWALL, LLC

**Current Principal Place of Business:**

6813 SHORT CREEK LANE  
SARASOTA, FL 34240

**New Principal Place of Business:**

**Current Mailing Address:**

6813 SHORT CREEK LANE  
SARASOTA, FL 34240

**New Mailing Address:**

FEI Number: 65-1123481

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRIDGES, STEPHEN  
6813 SHORT CREEK LANE  
SARASOTA, FL 34240 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: BRIDGES, STEPHEN  
Address: 6813 SHORT CREEK LANE  
City-St-Zip: SARASOTA, FL 34241

Title: DIR (X) Delete  
Name: RODRIQUEZ, ALEJANDRO  
Address: 2110 - 46TH ST. WEST #25  
City-St-Zip: BRADENTON, FL 34207

Title: D (X) Delete  
Name: MALAGON, JUAN  
Address: 1926 11TH STREET WEST  
City-St-Zip: PALMETTO, FL 34221

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: S.BRIDGES

MGMR

04/04/2007

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