## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Feb 21, 2006 08:00 AM DOCUMENT # L02000005544 Secretary of State 1. Entity Name SUNSHINE DRYWALL INTERNATIONAL, LLC Principal Place of Business Mailing Address 2930 SW 107 AVE 2640 SW 12 STREET MIAMI FL 33135 MIAMI FL 33165 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (10/05) 1st MOORE Applied For City & State City & State 4. FEI Number 02-0560540 Not Applicat Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARTINEZ, ENRIQUE R Street Address (P.O. Box Number is Not Acceptable) 2930 SW 107 AVE. **MIAMI FL 33165** Zip Code 8. The above named entity submits this statement for the ourpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and access the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DAIL Signature, typed or printed name of registered agent and title if applicable, FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. □ A ::: TITLE MGR ☐ Defete TITLE Change NAME NAME MARTINEZ, ENRIQUE R STREET ADDRESS 2930 SW 107 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP U000003442665 MIAMI FL 33165 03/04/06-80029-021\_91268 \_\_\_\_ Delete TITLE TITLE NAME MARTINEZ, NANCY NAME STREET ADDRESS STREET ADDRESS 2930 SOUTHWEST 107 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33165 unu ☐ Delete TALE ☐ Change The second NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete TITS F Chance T Addition NAME STREET ADDRESS STREET ADDRESS DITY-ST-212 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Adami TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 habitity company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**FILED** 

3/17/06 305-229-83V