2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 04, 2004 8:00 am Secretary of State 03-04-2004 90072 043 ****50.00

NAME STREET ADDRESS CITY-ST-2IP NAPLES, FL 34113 CITY-ST-2IP TITLE MGRM KEVIN ISON, RONALD A16 SAMAR AVENUE CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP	1. Entity Nam	MENT # L03000029 ROCK PLASTERING & DRY					03-04-2004	1 90072 043 *	***50	0.00
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City & State City & State Country Zip Country Zip Country Signer Address of Current Registered Agent Applied Fr. Name Applied Fr. Note Applied Fr	2. Principal P	lace of Business	3. Mailing Address							
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Filing Fee is \$50.00 TRUE MARCHARD M	Zip	Country	Zip Count		itry	5 Certificate of Status Desired \$5.00 Additional			tional	
WILSON, TROY 246 ST. ANDREWS BLVD. NAPLES, FL 34113 City FL Zip Code 6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and ac the obligations of registered agent. SIGNATURE Filling Fee is \$50.00 Due by May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES ITILE MARE WILSON, TROY SIREH ADDRESS WANAGENS BLVD. SIREH ADDRESS WANAGENS BLVD. SIREH ADDRESS CITY-ST-2P MAPLES, FL 34113 Delete MAKE SIREH ADDRESS CITY-ST-2P MAPLES, FL 34113 Delete MAKE SIREH ADDRESS CITY-ST-2P TITLE MAKE SIREH ADDRESS SIREH ADDRESS CITY-ST-2P TITLE MAKE SIREH ADDRESS CITY-ST-2P TITLE MAKE SIREH ADDRESS SIR		6. Name and Address of Current	Registered Agent	<u> </u>		-7. Namo an	d Address of New			
City FL Zip Code 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 ac the obligations of registored agent. SIGNATURE Signature, typed or printed name of registered agent and the if agolisable (NOTE Registered Agent structure required when refreshing) DATE Filting Fee is \$50.00			·			(P.O. Pay Numi	hor is Not Accortab	lo)		
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9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM	SIGNATORE :	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registere	d Agent signature require	ed when reinstating)		DATE		
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