


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000029334	
1. Entity Name ISLAND ROCK PLASTERING & DRYWALL, LLC	

Principal Place of Business 5219 MAPLE LN NAPLES, FL 34113	Mailing Address 5219 MAPLE LN NAPLES, FL 34113
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DO NOT WRITE IN THIS SPACE



07112006No Chg-LLC

CR2E083 (11/05)

4. FEI Number 47-0928132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WILSON, TROY 5219 MAPLE LN NAPLES, FL 34113

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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 Troy Wilson Troy Wilson "Managing Member" 7.11.06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$50.00
Due by September 6, 2006**

U00000570058
07/13/06-80016-001 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, TROY 5219 MAPLE LN NAPLES, FL 34113
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEVIN ISON, RONALD 416 SAMAR AVENUE NAPLES, FL 34113
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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: Troy Wilson Troy Wilson Managing Member 7.11.06 239-732-0934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #