


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90001 015 \*\*\*\*50.00  
 08-13-2004 90001 042 \*\*\*\*55.00

**DOCUMENT #** L03000048024

1. Entity Name  
**ABEGG DRYWALL, LLC**



Principal Place of Business  
~~8736~~ TAVIRA STREET  
 NAVARRE FL 32566  
 US

Mailing Address  
~~8736~~ TAVIRA STREET  
 NAVARRE FL 32566  
 US

2. Principal Place of Business  
**8376 TAVIRA ST.**

3. Mailing Address  
**8376 TAVIRA ST.**

Suite, Apt. #, etc.

City & State  
**NAVARRE FLA.**

City & State  
**NAVARRE FLA.**

Zip  
**32566**

Country  
**SANTA ROSA**

Zip  
**32566**

Country  
**SANTA ROSA**



MOORE CR2E083 (4/04)

6. Name and Address of Current Registered Agent

**ABEGG, BARRY W**  
**8736 TAVIRA STREET**  
**NAVARRE FL 32566**

4. FEI Number  
**52-2415967**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

7. Name and Address of New Registered Agent

Name  
**BARRY W. ABEGG**

Street Address (P.O. Box Number is Not Acceptable)  
**8376 TAVIRA ST**

City  
**NAVARRE**

State  
**FL**

Zip Code  
**32566**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	<b>MGR</b>	<b>BARRY W. ABEGG</b>	<b>8376 TAVIRA ST</b> <b>NAVARRE FLA 32566</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]* **8-8-2004 850 830 8732**

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