


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90202 001 ****50.00

DOCUMENT # L03000048281		
1. Entity Name CARL TOMLINSON DRYWALL LLC		

Principal Place of Business 1913 GRIMES LANE TALLAHASSEE, FL 32303	Mailing Address 1913 GRIMES LANE TALLAHASSEE, FL 32303
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2. Principal Place of Business 1913 Grimes Lane	3. Mailing Address 1913 Grimes Lane
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Tall. FL.	City & State Tall. FL.
Zip 32303	Zip 32303
Country USA	Country USA

6. Name and Address of Current Registered Agent TOMLINSON, CARL L 1913 GRIMES LANE TALLAHASSEE, FL 32303	
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4. FEI Number 20-0427822	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of New Registered Agent	
Name Carl L. Tomlinson	
Street Address (P.O. Box Number is Not Acceptable) 1913 Grimes Lane	
City Tallahassee	FL Zip Code 32303

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 Carl L. Tomlinson	Carl L. Tomlinson	DATE 2-24-04

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOMLINSON, CARL L		NAME	
STREET ADDRESS 1913 GRIMES LANE		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE, FL 32303		CITY-ST-ZIP	
TITLE MGRM	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TOMLINSON, JOHN E		NAME	
STREET ADDRESS 502 MCKEITHAN ST		STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE, FL 32304		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Carl L. Tomlinson	Date	Daytime Phone #