


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000049269 1. Entity Name H & H DRYWALL, LLC	
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Principal Place of Business 2238 DYKESTOWN ROAD JAY, FL 32565	Mailing Address 2238 DYKESTOWN ROAD JAY, FL 32565
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04152005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0537867	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 HANKS, MATTHEW T 2238 DYKESTOWN ROAD JAY, FL 32565
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

1100000385120
05/09/05-80026-012 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HANKS, MATTHEW T 2238 DYKESTOWN ROAD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EMMONS, ALLEN 2200 DYKESTOWN ROAD JAY, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EMMONS, WILLIAM 2200 DYKESTOWN ROAD JAYQ, FL 32565
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: Matthew T. Hanks April 30 850-615-5096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #