

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90064 009 \*\*\*\*55.00

<b>DOCUMENT # L03000050122</b>					
<b>1. Entity Name</b> DAVID WICKLINE DRYWALL, LLC					
<b>Principal Place of Business</b> 418 RIVER DR. SEBRING, FL 33875-6602			<b>Mailing Address</b> 418 RIVER DR. SEBRING, FL 33875-6602		
<b>2. Principal Place of Business</b> 1250 RIVERA AVE Suite, Apt. #, etc.		<b>3. Mailing Address</b> 1250 RIVERA AVE. Suite, Apt. #, etc.		14002390 	
<b>City &amp; State</b> CLEWISTON FLORIDA		<b>City &amp; State</b> CLEWISTON FLORIDA		<b>4. FEI Number</b> 06-1696227	
<b>Zip</b> 33440		<b>Country</b> HENRY		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> WICKLINE, DAVID 418 RIVER DR. SEBRING, FL 33875-6602			<b>7. Name and Address of New Registered Agent</b> Name: WICKLINE, DAVID Street Address (P.O. Box Number is Not Acceptable): 1250 RIVERA AVE City: CLEWISTON FL Zip Code: 33440		
<b>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.</b> SIGNATURE:  DATE: 4-21-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> MGR <b>NAME</b> WICKLINE, DAVID <b>STREET ADDRESS</b> 418 RIVER DR. <b>CITY - ST - ZIP</b> SEBRING, FL 338756602	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> MGR <b>NAME</b> WICKLINE, DAVID <b>STREET ADDRESS</b> 1250 RIVERA AVE. <b>CITY - ST - ZIP</b> CLEWISTON, FLORIDA 33440	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			863-214-4049		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		