


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90092 001 *****5.00
01-31-2007 90092 002 *****50.00

DOCUMENT # L03000050782	
1. Entity Name LHB DRYWALL SERVICES LLC	

Principal Place of Business 566 5TH AVENUE NORTH SAFETY HARBOR, FL 34695	Mailing Address 566 5TH AVENUE NORTH SAFETY HARBOR, FL 34695
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2. Principal Place of Business - No P.O. Box # <i>18002 Hanna Rd</i>	3. Mailing Address <i>566 5TH AVE N</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>LUZ FLA</i>	City & State <i>Safety Harbor</i>
Zip <i>33549</i>	Country <i>Hillsborough Fla</i>
	Country <i>Pinellas</i>

6. Name and Address of Current Registered Agent BLACK, LAWRENCE H 566 5TH AVE NORTH SAFETY HARBOR, FL 34695	
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7. Name and Address of New Registered Agent Name <i>Same as #6</i> Street Address (P.O. Box Number is Not Acceptable) City <i>FL</i> Zip Code	
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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. <i>Same Registered agent Retained.</i> SIGNATURE _____ DATE _____ <small>Signature of person or limited liability company registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	
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Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BLACK, LAWRENCE 566 5TH AVE N SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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. <i>[Signature]</i> SIGNATURE _____ DATE <i>1-12-07</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	
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