


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Jan 31, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # L03000051032</b> 1. Entity Name <b>SUNRISE DRYWALL L.L.C.</b>	
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Principal Place of Business <b>6636 OAKENSHAW DR. J-43 YOUNGSTOWN, FL 32466</b>	Mailing Address <b>6636 OAKENSHAW DR. J-43 YOUNGSTOWN, FL 32466</b>
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01212005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3464893</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DAVIS, CURTIS 6636 OAKENSHAW DR. J-43 YOUNGSTOWN, FL 32466</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 <i>Curtis E Davis</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>CURTIS E DAVIS</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>	DATE <b>1-21-05</b> <small>DATE</small>

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

000000206445  
02/01/05-80005-020 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RAMSEY, DONNIE 1300 7TH ST. SOUTH PORT, FL 32409
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, CURTIS 6636 OAKENSHAW DR. J-43 YOUNGSTOWN, FL 32466
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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: <i>Donnie Ramsey</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<b>DONNIE RAMSEY</b> <small>Date</small>	<b>1/21/05</b> <small>Daytime Phone #</small>

(850)

**258-7223**