2005 LIMITED LIABILITY COMPANY

STREET ADDRESS CITY - ST - ZiP TITLE NAME STREET ADDRESS

Aug 08, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # L03000051200** 1. Entity Name KEN HICKLIN DRY WALL LLC Principal Place of Business Mailing Address 719 TUXEDO RD 719 TUXEDO RD FT WALTON BEACH, FL 32547 FT WALTON BEACH, FL 32547 07272005 No Cha-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-2416892 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HICKLIN, KENNETH L DO NOT WRITE 719 TUXEDO RD FT WALTON BEACH, FL 32547 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. Signature typed or printed name of registered agent and the if applicable (NOTE: Registered Agent algorithms required when reinstating) DATE Filing Fee is \$50.00 Due by September 7, 2005 100000375820 08/08/05-80003-012 50.00 MANAGING MEMBERS/MANAGERS 9. MGR TITLE HICKLIN, KENNETH L NAME 719 TUXEDO RD STREET ADDRESS FT WALTON BEACH, FL 32547 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY ST ZIP TILLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME

FILED

I hereby certify that the information supplied with this filling 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: Daygray Property