


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90176 033 ****50.00

DOCUMENT # L03000051750	
1. Entity Name DANNY BAIN DRYWALL LLC	

Principal Place of Business 2649 W CYPRESS DR DUNNELLO, FL 34433-2214	Mailing Address 2649 W CYPRESS DR DUNNELLO, FL 34433-2214
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20013218



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042005 Chg-LLC CR2E083 (10/03)

4. FEI Number 26-0078350		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		7. Name and Address of New Registered Agent	
BAIN, DANNY 2649 W CYPRESS DR DUNNELLO, FL 34433-2214		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		State FL Zip Code	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE P	<input type="checkbox"/> Delete	TITLE MGRM MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BAIN, DANNY		NAME HAROLD T. MARTIN	
STREET ADDRESS 2649 W CYPRESS DR		STREET ADDRESS 11808 N. MAGNOLIA TRAIL	
CITY-ST-ZIP DUNNELLO, FL 34433		CITY-ST-ZIP Dunneillon, FL 34439	
TITLE	<input type="checkbox"/> Delete	TITLE MGRM MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME SCOTT M. SNEAD	
STREET ADDRESS		STREET ADDRESS 17963 SW 27 ST.	
CITY-ST-ZIP		CITY-ST-ZIP Dunneillon 34432	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Danny Bain*

2-17-05 1-352-465-9099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #