## 2007 LIMITED LIABILITY COMPANY

## ANNUAL REPORT DOCUMENT # L03000053163 1. Entity Name FILED BUDDY PORTER DRYWALL L.L.C. 07 APR 23 PM 2: 25 Principal Place of Business Mailing Address SECRETARY DE STATE 8021 MELITA CT 8021 MELITA CT TALLAHASSEE, FL 32305 TALLAHASSEE, FL 32305 BK 04202007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2754210 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PORTER, MILLARD D DO NOT WRITE 8021 MELITA CT TALLAHASSEE, FL 32305 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR TITLE BK PORTER, MILLARD D NAME 8021 MELITA CT STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32305 100098318001 04/24/07--01054--016 \*\*50.00 TITLE STREET ADDRESS CITY-SI-ZP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP THILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 path; that I am a managing member or manager of the inited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-74P

Milland D. Porto April 20, 2007 850-877-4458