


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90026 002 ****50.00

DOCUMENT # L03000053614		
1. Entity Name ROBERT LOGUE DRYWALL, LLC		

Principal Place of Business (moved) 613 CYPRESS DR. NICEVILLE, FL 32578	Mailing Address 613 CYPRESS DR. NICEVILLE, FL 32578
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60035199

2. Principal Place of Business 1824 Flowing Well Rd.	3. Mailing Address 1824 Flowing Well Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Bonifay, FL	City & State Bonifay, FL
Zip 32425	Country USA
Country USA	Zip 32425



05022006 Chg-LLC CR2E083 (11/05)

4. FEI Number 77-0616816	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	
LOGUE, ROBERT 613 CYPRESS DR. 1824 Flowing Well Rd. NICEVILLE, FL 32578 Bonifay, FL 32425		Name (change address)	
		Street Address (P.O. Box Number is Not Acceptable) 1824 Flowing Well Rd	
		City Bonifay, FL Zip Code 32425	

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 *Robert A. Logue* DATE *05/01/06*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by September 6, 2006	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 LOGUE, ROBERT 613 CYPRESS DR. 1824 Flowing Well Rd. NICEVILLE, FL 32578 Bonifay, FL 32425 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1824 Flowing Well Rd. Bonifay, FL 32425 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Robert A. Logue* *05/01/06* *850-547-2391 no soliciting please*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #