

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000054886

FILED
Jun 02, 2006
Secretary of State

Entity Name: TYLER THRO ALL-WAY'S PLASTERING L.L.C.

Current Principal Place of Business:

814 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

New Principal Place of Business:

7304 WILLOW WOOD ROAD
PANAMA CITY, FL 32409 US

Current Mailing Address:

814 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

New Mailing Address:

7304
WILLOW WOOD ROAD
PANAMA CITY, FL 32409 US

FEI Number: 52-2111095 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THRO, TYLER J
814 MCKENZIE AVENUE
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

THRO, TYLER J
7304 WILLOW WOOD ROAD
PANAMA CITY, FL 32409 US

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.

SIGNATURE: TYLER J. THRO

06/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THRO, TYLER J
Address: 814 MCKENZIE AVENUE
City-St-Zip: PANAMA CITY, FL 32401 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THRO, TYLER J
Address: 7304 WILLOW WOOD ROAD
City-St-Zip: PANAMA CITY, FL 32409 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TYLER J. THRO

MGR

06/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date