2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 05, 2007 8:00 am Secretary of State DOCUMENT # L03000054917 1. Entity Name 04-05-2007 90030 001 *****5.00 BIG DADDY'S STUCCO L.L.C. 04-05-2007 90030 002 ****50.00 Principal Place of Business Mailing Address 120 SWEETGUM RD. 120 SWEETGUM RD. EAST PALATKA FL 32131 EAST PALATKA FL 32131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City& State City & State Applied For 4. FEI Number 41-2119184 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required --6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHERIDAN, PATRICK V SR Street Address (P.O. Box Number is Not Acceptable) 120 SWEETGUM RD. EAST PALATKA FL 32131 City 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 Signature, typed or printed name of registered agent and life a scollcable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10 HILLE MGRM ☐ Delete HILL ☐ Change ☐ Addition NAME NAME SHERIDAN, PATRICK V SR STREET ADDRESS 120 SWEET GUM ROAD STREET ADDRESS CHY ST-ZIP CITY - ST- 7IP EAST PALATKA FL 32131 Delete Addition HILE Change HILLE NAME NAMI STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP HILLE Delete HILE Addition Change NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP CHY SI-ZIP Delete ши ☐ Change Addition BILL NAME NAMU STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP MILE Delete TIFLE ☐ Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY-ST-ZIP HILE Addition HHE Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am a managing member or manager of the limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Patrick & Sheridan & MARCH SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

March 24, 2007 - 386-328-4426