2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

ANNUAL REPORT (AR)					FILED .				
DOCUMENT # L03000055187  1. Entity Name					M	lay 02, 200 Secretar		:00 A	M
THOMAS	SIMMONS DRYWALL, LLC	;				Secretar	y UIS	raie	
Principal Plac	e of Business	Mailing Address			1				
5842 CALYPSO LANE MILTON FL 32583 US		5842 CALYPSO LANE MILTON FL 32583 US			 	VANJANI AIR PYNYA ARRIN WAND WAND	MNIII Naivi seeni		 1881 117 11181
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			1	1st MOORE	CR2E083	3 (10/04)	
City & State		City & State		4. FEI Num	13-4270567	7	<u></u> `	oplied For at Applicat	
Zip	Country	Zip Coun		try 5. Certific		te of Status Desired		\$5.00 Add	
	6. Name and Address of Current	Registered Agent			7. Namo ar	nd Address of New R			<b>"</b> - · ~
CIM	MONO THOMAS			Name					
SIMMONS, THOMAS 5842 CALYPSO LANE MILTON FL 32583			-	Street Address (	P,O. Box Num	ber is Not Acceptable	<del>)</del>		
			-	City				Tin 0 - 2	
<del> </del>			1	City			FL	Zip Code	
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered	office or register	red agent, or b	ooth, in the State of Flo	orida, lam f	amiliar with,	and a∵≎er
SIGNATURE	Signature, typed or printed name of registered agent	end tale if applicable (NOTE	Registered A	gent signature required	when reinstaking)		DATE		
		FILE NO	W!!! FE	E IS \$50.00	errema opaska				- '
		Make Check Payable		. •	nt of State				
			By May	1, 2005					
9,	MÄNAGING MEMBE		10.			ADDITIONS/	CHANGES	·	
TITLE NAME	MGR SIMMONS, THOMAS	☐ Delete	TITLE			U00000359	S160	Change	Adititi
STREET ADDRESS	5842 CALYPSO LANE		STREET ADDRESS		05/04/205-80024-0			50.00	
CJTY+ST-ZIP	MILTON FL 32583		CITY-S1	T-ZIP					
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NAME	COFFEL, THOMAS H		NAME						
STREET ADDRESS CITY-ST-ZIP	99 DENNIS PAUL DRIVE DEFUNIAK SPRINGS FL 32433		STREET, CITY-ST	ADDRESS L. 7IP					
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NAME		□ Detete	NAME					□ Griange	L. FOSIII
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STREET ADDRESS				ADURESS					
CITY - ST-ZIP			CITY-ST	l l					
11. I hereby of indicated	certify that the information supplied with on this report is true and accurate and	this filing does not qualify for that my signature shall have th	the exemp ne same le	otion stated in Se agal effect as if m	ection 119.07(3 nade under oa	(i), Florida Statutes. I th: that I am a manag	further cert	ify that the in	formation r of the
limited lia	bility company or the receiver or trusted	e empowered to execute this re	eport as re	equired by Chapt	ter 608, Florida	a Statutes.		•	

SIGNATURE: Manuar Summer 4-28-05 723-5701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Capture Phone #