



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000056120 1. Entity Name JAMIN SEAL DRYWALL LLC						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em; font-weight: bold; transform: rotate(-5deg);">05 AUG -8 PM 3:58</div> <div style="font-size: 0.8em; font-weight: bold; transform: rotate(-5deg);">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>	
Principal Place of Business 236 FOREST LANE CRAWFORDVILLE, FL 32327				Mailing Address 236 FOREST LANE CRAWFORDVILLE, FL 32327			
2. Principal Place of Business		3. Mailing Address				 08052005 Chg-LLC CR2E083 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
SEAL, DAVID 352 KENNETH CIRCLE CRAWFORDVILLE, FL 32327				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SEAL, JAMIN D 240 BROWN DONALDSON CRAWFORDVILLE, FL 32327			TITLE NAME STREET ADDRESS CITY-ST-ZIP	236 Forrest LN Crawfordville FL 32327		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LAWYER, JERRY 170 HICKS RD LAMONT, FL 32336			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000058478190 08/11/05--01035--002 **\$0.00		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>							
				Date		Daytime Phone #	