


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2004 DEC -9 AM 10: 50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000056672					
1. Entity Name G & G STUCCO & DRYWALL LLC					
Principal Place of Business 178 REDFISH ROAD FREEPORT, FL 32439 US			Mailing Address 178 REDFISH ROAD FREEPORT, FL 32439 US		
2. Principal Place of Business <i>50 Bluegill RD</i> Suite, Apt. #, etc.		3. Mailing Address <i>50 Bluegill RD</i> Suite, Apt. #, etc.			
City & State <i>Freeport, FL</i>		City & State <i>Freeport, FL</i>		4. FEI Number <input checked="" type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <i>32439</i>	Country <i>USA</i>	Zip <i>32439</i>	Country <i>USA</i>	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GALLEGOS, TIMOTHY M</b> <del>178 REDFISH ROAD</del> <i>50 Bluegill RD</i> FREEPORT, FL 32439			7. Name and Address of New Registered Agent Name <i>G &amp; G Stucco &amp; Drywall LLC</i> Street Address (P.O. Box Number is Not Acceptable) <i>50 Bluegill RD</i> City <i>Freeport</i> FL Zip Code <i>32439</i>		
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 <i>Timothy M. Gallegos</i> (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GALLEGOS, TIMOTHY M 178 REDFISH ROAD FREEPORT, FL 32439 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042239470 10/27/04--01020--006 **\$5.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM GOMEZ, MIGUEL A 60 LINCOLN DRIVE, APT #6 FORT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500043304165 12/09/04--01054--010 **\$100.00		
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		
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 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: <i>Timothy M. Gallegos</i>			Date <i>10/22/04</i> Daytime Phone # <i>850-699-1204</i>		

**REINSTATEMENT 04**