


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 12, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L03000056847 1. Entity Name PARSONS DRYWALL LLC	
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Principal Place of Business 6130 SW 39 STREET DAVIE, FL 33314 US	Mailing Address 6130 SW 39 STREET DAVIE, FL 33314 US
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**DO NOT WRITE IN THIS SPACE**



01082006No Chg-LLC      CR2E083 (11/05)

4. FEI Number  
20-0538890      Applied For  
Not Applicable

5. Certificate of Status Desired       \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PARSONS, CLIFTON C  
6130 SW 39 STREET  
DAVIE, FL 33314

**DO NOT WRITE IN THIS SPACE**

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: Clifton C. Parsons      1/09/06      DATE

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

110000384827  
01/17/06-80030-024 55.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARSONS, CLIFTON C 6130 SW 39 STREET DAVIE, FL 33314
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: Clifton C. Parsons      1/09/06      Date      Daytime Phone #

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE