



# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90161 024 \*\*\*150.00

<b>DOCUMENT # L03000057169</b>					
<b>1. Entity Name</b> JAIME DRYWALL, LLC					
<b>Principal Place of Business</b> 342 N.W. BILTMORE STREET PORT ST. LUCIE, FL 34983 US			<b>Mailing Address</b> 342 N.W. BILTMORE STREET PORT ST. LUCIE, FL 34983 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		



03262005		Chg-LLC		CR2E083 (10/03)	
<b>4. FEI Number</b> APPLIED FOR 20-0537805				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
RODRIGUEZ, JAIME 342 N.W. BILTMORE STREET PORT ST. LUCIE, FL 34983			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 Jaime Rodriguez DATE \_\_\_\_\_

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

<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>		<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, JAIME	NAME	
STREET ADDRESS	1821 SW 64 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33068	CITY-ST-ZIP	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORREZ, JUAN S	NAME	
STREET ADDRESS	1821 SW 64 TERRACE, #B	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33068	CITY-ST-ZIP	
TITLE	MGR <input checked="" type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, SENOBIO	NAME	BERNARDO RODRIGUEZ
STREET ADDRESS	6921 SW 7 COURT	STREET ADDRESS	342 NW BILTMORE ST
CITY-ST-ZIP	NORTH LAUDERDALE, FL 33068	CITY-ST-ZIP	PORT ST. LUCIE FL 34983
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**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: Jaime Rodriguez Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

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