


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # L04000000945					
1. Entity Name JAMES MOON DRYWALL, LLC					
Principal Place of Business 413 N HORSE PRARIE RD INVERNESS FL 34450			Mailing Address 413 N HORSE PRARIE RD INVERNESS FL 34450		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt #, etc			
City & State		City & State		4. FEI Number 54-2138431	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MOON, JAMES 413 N HORSE PRARIE RD INVERNESS FL 34450			7. Name and Address of New Registered Agent		
			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)					



1st MOORE CR2E083 (10/04)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGR <input type="checkbox"/> Delete	TITLE		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOON, JAMES	NAME		NAME			
STREET ADDRESS	413 N HORSE PRARIE RD	STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP	INVERNESS FL 34450	CITY - ST - ZIP		CITY - ST - ZIP			

U00000373567
07/19/05-80003-023 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *James E. Moon* **JAMES MOON** **7/18/05** **1-352** **220 219**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #