

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000002084		
1. Entity Name LITHGOW DRYWALL, LLC		

Principal Place of Business 1865 WELLS RD APT. 305 ORANGE PARK, FL 32073 US	Mailing Address P.O. BOX 824 ORANGE PARK, FL 32067 US
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04032006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

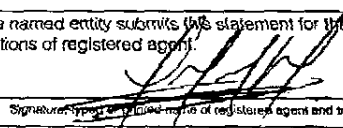
4. FEI Number 20-0568782	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent LITHGOW, ARTURO J 1710 WELLS RD APT. 1212 ORANGE PARK, FL 32073

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.

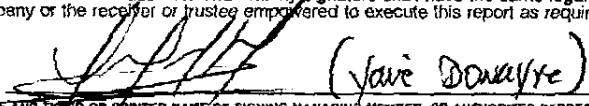
SIGNATURE 	DATE
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**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LITHGOW, ARTURO J P.O. BOX 824 ORANGE PARK, FL 32067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DONAYRE, YAVE I P.O. BOX 824 ORANGE PARK, FL 32067
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U000000516135 04/29/06-80238-016 50.00
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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:  (Yave Donayre)	Date: 04/15/06 (904) 4846302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #