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	Mailing Address
1865 WELLS RD APT. 305 ORANGE PARK, FL 32073 US	P.O. BOX 824 ORANGE PARK, FL 32067 US

DO NOT WRITE IN THIS SPACE

04032006No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0568782

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LITHGOW, ARTURO J
1710 WELLS RD
APT. 1212
ORANGE PARK, FL 32073

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

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	LITHGOW, ARTURO J
STREET ADDRESS	P.O. BOX 824
CITY-ST-ZIP	ORANGE PARK, FL 32067
TITLE	MGR
NAME	DONAYRE, YAVE I
STREET ADDRESS	P.O. BOX 824
CITY-ST-ZIP	ORANGE PARK, FL 32067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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) 04/15/06 (904)4846302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #