

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 27, 2005 8:00 am**  
**Secretary of State**

06-27-2005 90135 015 \*\*\*\*\*55.00

<b>DOCUMENT # L04000002343</b> 1. Entity Name <b>FROM THE BOTTOM UP DRYWALL LLC</b>					
Principal Place of Business <b>7278 W RIVERBEND RD DUNNELLON, FL 34433</b>				Mailing Address <b>7278 W RIVERBEND RD DUNNELLON, FL 34433</b>	
2. Principal Place of Business <b>7278 W. Riverbend Rd</b> Suite, Apt. #, etc. <b>Dunnellon FL</b> City & State <b>Dunnellon FL</b> Zip <b>34433</b>		3. Mailing Address <b>7278 W. Riverbend Rd</b> Suite, Apt. #, etc. <b>Dunnellon, FL</b> City & State <b>Dunnellon, FL</b> Zip <b>34433</b>		4. FEI Number <b>59-3776727</b> Applied For <input checked="" type="checkbox"/> Not Applicable	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GREUX, JONATHAN A 7278 W RIVERBEND RD DUNNELLON, FL 34433</b>				7. Name and Address of New Registered Agent Name <b>Same</b> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <span style="float: right;">6-10-05</span> <small>Signature, typed or printed name of registered agent on this form. (NOTE: Registered Agent signature required when reconstituting)</small>					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MARLOW, NEIL 7278 W RIVERBEND RD DUNNELLON, FL 34433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JENKINS, JODIE F 10491 SW 151ST PLACE DUNNELLON, FL 34432	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Marlow, Carolyn J. 7278 W. Riverbend Rd. Dunnellon, FL 34433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GREUX, JONATHAN A 7278 W RIVERBEND RD DUNNELLON, FL 34433	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Marlow Charles M. 7278 W. Riverbend Rd Dunnellon, FL 34433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Greux, Chris J. 7278 W. Riverbend Rd Dunnellon, FL 34433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.					
<b>SIGNATURE:</b>				6-10-05 (352) 274 1481	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date Daytime Phone #</small>	