


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 11, 2005 8:00 am**  
**Secretary of State**

07-11-2005 90042 041 \*\*\*\*50.00

<b>DOCUMENT # L04000003367</b> 1. Entity Name <b>RON VELIE'S DRYWALL, LLC</b>					
Principal Place of Business <b>181 12TH ST SE VERO BEACH, FL 32962</b>			Mailing Address <b>181 12TH ST SE VERO BEACH, FL 32962</b>		
2. Principal Place of Business <b>INDIAN RIVER Co.</b>		3. Mailing Address			
Suite, Apt. #, etc. <b>181 12TH ST. SE.</b>		Suite, Apt. #, etc.			
City & State <b>VERO BCH. Fla.</b>		City & State			
Zip <b>32962</b>		Country <b>INDIAN RIVER</b>		Zip	
Country		Country			
6. Name and Address of Current Registered Agent  <b>VELIE, RON 181 12TH ST SE VERO BEACH, FL 32962</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>650141586</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State		DATE	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM VELIE, RON 181 12TH ST SE VERO BEACH, FL 32962</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<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: <i>Ronald H. Velie</i></b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					
Date <b>7-7-05</b> Daytime Phone # <b>1-772-5694859</b>					