

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90178 040 \*\*\*\*50.00

<b>DOCUMENT # L04000003367</b>	
1. Entity Name <b>RON VELIE'S DRYWALL, LLC</b>	

Principal Place of Business <b>INDIAN RIVER CO 181 12TH ST SE VERO BEACH FL 32962</b>	Mailing Address <b>181 12TH ST SE VERO BEACH FL 32962</b>
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2. Principal Place of Business <b>VERO BEACH, INDIAN RIVER CO</b> Suite, Apt. #, etc.	3. Mailing Address <b>181 12TH ST, S.E.</b> Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/05)

City & State <b>VERO BEACH FL</b>	City & State <b>VERO BEACH FL</b>
Zip <b>32962</b>	Zip <b>32962</b>
Country <b>INDIAN RIVER</b>	Country <b>INDIAN RIVER</b>

4. FEI Number <b>65-0141586</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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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 <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 *Ronald H. Velie* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	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	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	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	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 exemptions contained in Section 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: *RONALD H. VELIE* *Ronald H. Velie* 1-25-06 1-772-5694859