


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 17, 2005 8:00 am
Secretary of State

06-17-2005 90160 011 ****50.00

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| DOCUMENT # L04000006388 |  |
| 1. Entity Name KENNITH DEESE DRYWALL LLC | |

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| Principal Place of Business 5303 STALLION CRESTVIEW, FL 32539 | Mailing Address 5303 STALLION CRESTVIEW, FL 32539 |
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| 2. Principal Place of Business 5303 Stallion Crestview FL | 3. Mailing Address 5303 Stallion Crestview FL |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|-------------------------------------|-------------------------------------|
| City & State CRESTVIEW FL | City & State CRESTVIEW FL |
| Zip 32539 | Zip 32539 |
| Country OKALOOSA | Country OKALOOSA |



05232005 Chg-LLC CR2E083 (10/03)

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| 4. FEI Number 20-0633020 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent DEESE, KENNITH D 5303 STALLION CRESTVIEW, FL 32539 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 Kennith Deese <small>Signature, typed or printed name of registered agent and title if applicable.</small> | DATE 6-14-05 <small>(NOTE: Registered Agent signature required when reinstating)</small> |

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| Filing Fee is \$50.00 Due by September 7, 2005 | Make check payable to Florida Department of State |
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| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DEESE, KENNITH D 5303 STALLION CRESTVIEW, FL 32539 <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 |
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| 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 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.

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| SIGNATURE: Kennith Deese <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | DATE 6-14-05 <small>Date</small> | DAYTIME PHONE 850 4230406 <small>Daytime Phone #</small> |
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