2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

OR PRINTED NAME OF SIGNING MANAGIN

Mar 02, 2007 8:00 am DOCUMENT # L04000009303 **Secretary of State** 1. Entity Name 03-02-2007 90188 002 ****50.00 DOUG'S DRYWALL, LLC Principal Place of Business Mailing Address 8536 EAST 98TH AVENUE VERO BEACH FL 32967 8536 EAST 98TH AVENUE VERO BEACH FL 32967 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State Applied For 4. FEI Number 87-0719462 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **NOWLES** OUGLAS KNOWLES, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 9055 86TH PLACE VERO BEACH FL 32967 98th 8. The above named entity properties 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, SIGNATURE (NOTE: Registered Agent signature required when registating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES HILL ☐ Delete HILL ☐ Change ■ Addition **MGRM** NAMI KNOWLES, DOUGLAS NAMI STREET ADDRESS STREET LADORESS 8536 EAST 98TH AVENUE CHY SI ZIP CITY ST 7IP VERO BEACH FL 32967 illi ☐ Delete 1011 ☐ Channe ☐ Addition NAM NAME STRULT ADDRESS STREET ADDOESS CITY - ST- ZIP CHY-ST ZIP THU ☐ Delete THILE ☐ Change Addition NAMI NAM STREET ADDRESS STREET ADDRESS CHY ST-ZIP CITY ST ZIP THE ☐ Delete DH ☐ Change ☐ Addition NAME NAMI STREET ADDRESS STREET ADDRESS CHY SE ZIP CITY ST ZIP 1011 ☐ Delete HILL ☐ Change Addition NAM NAME STREET ADDRESS STREET ADDRESS CHY SI-ZIP CHY ST ZIP $D\Pi \vdash$ Detete Change ☐ Addition NAMI NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY ST-7IP 11. I hereby certify that the information supplied with this filling 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 offect 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.

FILED