2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Sep 01, 2005 8:00 am Secretary of State

				_	occiciai	ly of Sta	i C	
DOCUMENT # L0400014580 1. Entity Name RUSSELL E. YON DRYWALL, LLC						0051 001 ****55.0		
Principal Plac	e of Business							
95 KINGS LAKE RD.		95 KINGS LAKE RD.						
DEFUNIAK SPRINGS, FL 32433 DEFUNIAK SPRINGS, FL 324			32433		 	I	I.S.	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08222005	Chg-LLC	CR2E083 (10/03)		
City & State		City & State		4. FEI Numb	80346	No	plied For t Applicable	
Zip	Country	Zip	Country	5. Certificate	e of Status Desired	\$5.00 Add Fee Required	litional d	
6. Name and Address of Current Registered Agent			Namo	7. Name and Address of New Registered Agent				
YON, RUS	SELL E		Name					
95 KINGS LAKE RD. DEFUNIAK SPRINGS, FL 32433			Street Address	Street Address (P.O. Box Number is Not Acceptable)				
			City	Ch. Tie Code				
			City	FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Due by September 7, 2005						e check payable to		
				~ ~ _				
9.	MANAGING MEMBER		10.		ADDITIONS		- Addison	
TITLE NAME	YON, RUSSELL E	☐ Delete	TITLE NAME			☐ Change	Addition	
STREET ADDRESS	ODRESS 95 KINGS LAKE RD.		STREET ADDRESS					
CITY-ST-ZIP	r-ST-ZIP DEFUNIAK SPRINGS, FL 32433 CITY							
TITLE		☐ Delete	TITLE			- 🔲 Change	☐ Addition	
NAME PERFET ADDRESS			NAME STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Defeie	TATLE	 -		☐ Change	Addition	
NAME			NAME			_ ,		
STREET ADDRESS	<u> </u>	_ 	STREET ADDRESS					
CITY-ST-ZIP		☐ Delete	CITY-ST-ZIP					
TITLE NAME		TITLE NAME			Change	☐ Addition		
STREET ADDRESS								
CITY-ST-ZIP CITY-			CITY-ST-ZIP					
TITLE	☐ Delete TITLE					☐ Change	Addition	
NAME								
STREET ADDRESS CITY-ST-ZIP								
TITLE		TITLE			☐ Change	Addition		
NAME		☐ Delete	NAME			_ 0.1416		
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP CITY-ST-ZIP CITY-ST-Z 11. I hereby certify that the information supplied with this filling does not qualify for the exempti				Contine 110 07/2	Vi) Clarida Chet te	I fourther contil a state of	form - ti	
i ii inerenv	centry that the information subblied with	THIS JUDG GOES NOT QUALITY TOT	THE exemption stated in	Section 1.19 U703	uu riodga Statutes	Liumper certify that the in	normation	

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: RECORD E CONTROL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #