2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED Apr 03, 2006 08:00 AM Secretary of State DOCUMENT # L04000016517 SHAWN PHILLIPS DRYWALL LLC Principal Place of Business Mailing Address 6480 CRYSTAL LANE **6480 CRYSTAL LANE** JAY, FL 32565 US JAY, FL 32565 03102006No Cho-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 73-1595836 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent PHILLIPS, SHAWN DO NOT WRITE 6480 CRYSTAL LANE JAY, FL 32565 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorithms required when rehusating) Filing Fee is \$50.00 Due by May 1, 2008 ٥. MANAGING MEMBERS/MANAGERS MGR MLE PHILLIPS, SHAWN MARKE STREET ADDRESS 6480 CRYSTAL LANE JAY, FL 32565 C7TY-57-21P TITLE U00000490051 04/18/06-80038-016 50.00 NAME STREET ADDRESS CITY-ST-ZIP ##FE STREET ADDRESS. DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MRE NAME STREET ADDRESS CITY-57-772

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 flability company or the receiver or trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANY GING MEMBER, OR AUTHORIZED REPRESENTATIVE Diete Davibs Phone 4