

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000019622

1. Entity Name
DONALD SYLVESTER DRY WALL LLC



Principal Place of Business
**1217 MICHIGAN AVENUE
LYNN HAVEN, FL 32444**

Mailing Address
**1217 MICHIGAN AVENUE
LYNN HAVEN, FL 32444**



02062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0884214

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fees Required

6. Name and Address of Current Registered Agent

**SYLVESTER, DONALD
1217 MICHIGAN AVENUE
LYNN HAVEN, FL 32444**

**DO NOT WRITE
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. Donald Sylvester

SIGNATURE

Don Sylvester

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

2-6-06

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
SYLVESTER, DONALD
1217 MICHIGAN AVENUE
LYNN HAVEN, FL 32444**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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02/21/06-80075-001 55.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: Don Sylvester

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-6-06 850-248-6961

Date

Daytime Phone #