
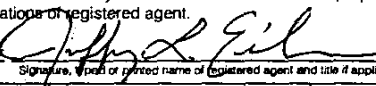



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-01-2005 90092 047 ****50.00

DOCUMENT # L04000021568 1. Entry Name ERICKSON DRYWALL, LLC			
Principal Place of Business 734 LEGION DRIVE #93 DESTIN, FL 32541-2547 US		Mailing Address 734 LEGION DRIVE #93 DESTIN, FL 32541-2547 US	
2. Principal Place of Business 192 BENT ARROW DR		3. Mailing Address P.O. Box 203	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State DESTIN		City & State DESTIN, FL	
Zip FL	Country 32541	Zip 32541	Country
4. FEI Number 20-0962006		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ERICKSON, JEFFREY L 734 LEGION DRIVE #93 DESTIN, FL 32541-2547		7. Name and Address of New Registered Agent Name ERICKSON, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 192 BENT ARROW DR. City DESTIN FL Zip Code 32541	
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  DATE 30 JULY 05 <small>Signature, Title or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERICKSON, JEFFREY L 734 LEGION DRIVE #93 DESTIN, FL 325412547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERICKSON, JEFFREY L 192 BENT ARROW DR. DESTIN, FL 32541-12547 <input checked="" 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
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
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.			
SIGNATURE: 		Date 30 JULY 05 (850) 218-1249	