## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L04000034489 1. Entity Name FROM THE BOTTOM UP DRYWALL ASSOCIATES, LLC Principal Place of Business 7278 WEST RIVER BEND RD DUNNIEST RIVER BEND RD PRINCIPAL FIRE ALADS ANNUAL REPORT Jun 27, 2005 8:00 am Secretary of State 06-27-2005 90135 016 \*\*\*\*55.00

FROM THE BOTTOM UP DRYWALL ASSOCIATES, LLC						0 <b>0 2</b> / <b>2</b> 000	0133	10 0.	,				
Principal Place 7278 WEST F DUNNELLON,	RIVER BEND RD	Mailing Address 7278 WEST RIVER BEND RD DUNNELLON, FL 34433				een eiek asm ben ben	ym <b>Ge</b> ree Jim ei	<b>8</b> 11 81 11 11 11 11 11 11 11 11 11 11 11 1	ŵus na rwya				
	lace of Business  W. Riverbend Rd.  M. etc.	3. Mailing Address 7278 W. Rivebend Rd Suite, Apt. #, etc.			05192005 Chg-LLC CR2E083 (10/03)								
	ellon FL 34433	City & State Dunnellon	FL		4. FEI Numbe	71814	/	No	plied For t Applicable				
3443.		Zip 34433	Country US	Ą		of Status Desired	×	\$5.00 Add Fee Required	itional d				
7278 WES	6. Name and Address of Current JONATHAN A T RIVER BEND RD ON, FL 34433	Registered Agent		Name Street Address (F	-	Address of New	-	Agent	_ ·				
			-	City			FL	Zip Code	<del>)</del>				
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, hipodor or parameter of sponshed agent and ble if approache. (NOTE: Registered Agent signature required when consisting)  OATE													
Filing Fee is \$50.00  Due by September 7, 2005  Make check payable to Florida Department of State													
9.	MANAGING MEMBI	ERS/MANAGERS	10.			ADDITIONS	/CHANGES						
TITLE  NAME  STREET ADDRESS  CITY+ST-ZIP	MGRM GREAUX, JONATHAN A 7278 WEST RIVER BEND RD DUNNELLON, FL 34433	☐ De/ete	NAME STREET A CITY-ST	ADDRESS - ZIP				☐ Change	☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARLOW, NEIL W 7278 WEST RIVER BEND RD DUNNELLON, FL 34433	□ Delete	TITLE NAME STREET / CITY-ST	I				Change	Add fron				
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM MARLOW, CAROLYN J 7278 WEST RIVER BEND RD DUNNELLON, FL 34433	☐ Delete	TITLE NAME STREET	1	_			Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JENKINS, JODIE F 7278 WEST RIVER BEND RD DUNNELLON, FL 34433	<b>X</b> Delete	TITLE HAME STREET / CITY-ST	ADDRESS 72	eaux, C .78 W	hris River	J. Dend   344 3	□ Change P.J. 53	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARLOW, CHARLES M 7278 WEST RIVER BEND RD DUNNELLON, FL 34433	☐ De/ete	TITLE NAME STREET	ADORESS				☐ Change	☐ Add#fon				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET CITY-ST	ADDRESS - ZIP				Change	Addition Addition				
Indicated	certily that the information supplied wit i on this report is true and accurate and ability company or the receiver or truste	that my signature shall have	the same le	egal effect as if m	nade under oath ter 608, Florida	i; that I am a mane	aging memb	er or manage	r of the				

SIGNATURE:	_ 4	hu 6°	6-10-05		
SIGNATURE AND TYPES OF PRIM	LED HATTE OF B	ICMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date		Daylime Phone #