

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90135 016 ****55.00

DOCUMENT # L04000034489					
1. Entity Name FROM THE BOTTOM UP DRYWALL ASSOCIATES, LLC					
Principal Place of Business 7278 WEST RIVER BEND RD DUNNELLON, FL 34433			Mailing Address 7278 WEST RIVER BEND RD DUNNELLON, FL 34433		
2. Principal Place of Business 7278 W Riverbend Rd. Suite, Apt. #, etc.		3. Mailing Address 7278 W. Riverbend Rd. Suite, Apt. #, etc.			
City & State Dunnellon FL 34433		City & State Dunnellon FL		4. FEI Number 11-3718141	
Zip 34433		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GREAX, JONATHAN A 7278 WEST RIVER BEND RD DUNNELLON, FL 34433				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ 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				DATE 6-10-05	
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	MGRM GREAX, JONATHAN A 7278 WEST RIVER BEND RD DUNNELLON, FL 34433 <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	MGRM MARLOW, NEIL W 7278 WEST RIVER BEND RD DUNNELLON, FL 34433 <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	MGRM MARLOW, CAROLYN J 7278 WEST RIVER BEND RD DUNNELLON, FL 34433 <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	MGRM JENKINS, JODIE F 7278 WEST RIVER BEND RD DUNNELLON, FL 34433 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	Greax, Chris J. 7278 W. Riverbend Rd Dunnellon, FL 34433 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM MARLOW, CHARLES M 7278 WEST RIVER BEND RD DUNNELLON, FL 34433 <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)(f), 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 6-10-05 (352) 274 1481	