

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90034 040 \*\*\*\*50.00

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| <b>DOCUMENT # L04000037484</b>   |  |  |  |   |  |
| <b>1. Entity Name</b><br>BRUMBLEY DRY WALL LLC   |  |  |  |   |  |
| <b>Principal Place of Business</b><br>PO BOX 553<br>WOODVILLE, FL 32362  |  |  | <b>Mailing Address</b><br>PO BOX 553<br>WOODVILLE, FL 32362                    |   |  |
| <b>2. Principal Place of Business</b>  |  | <b>3. Mailing Address</b>                                |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.                                      |  |   |  |
| City & State   |  | City & State   |  | <b>4. FEI Number</b><br>59-2210664                                |  |
| Zip  |  | Country  |  | Applied For<br>Not Applicable                                     |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>   |  |  |  | <b>\$5.00 Additional Fee Required</b>                             |  |
| <b>6. Name and Address of Current Registered Agent</b>   |  |  | <b>7. Name and Address of New Registered Agent</b>                             |   |  |
| BRUMBLEY, ALFRED R SR<br>30 OAKMONT DR<br>CRAWFORDVILLE, FL 32602  |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City             |   |  |
| Zip  |  |  | State <b>FL</b> Zip Code   |   |  |
| <b>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.</b>   |  |  |  |   |  |
| <b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)  |  |  |  |   |  |
| <b>Filing Fee is \$50.00 Due by May 1, 2005</b>  |  | <b>Make check payable to Florida Department of State</b> |  |   |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>   |   |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | MGRM<br>BRUMBLEY, ALFRED R SR<br>PO BOX 553<br>WOODVILLE, FL 32362 |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete                                    |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete                                    |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete                                    |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | <input type="checkbox"/> Delete                                    |  | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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| <b>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.</b> |  |  |  |   |  |
| <b>SIGNATURE:</b> <i>Alfred R. Brumbley Sr.</i>  |  |  | 4-18-05 509-5902   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  |  |  | Date Daytime Phone #   |   |  |