2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 25, 2005 8:00 am Secretary of State **DOCUMENT # L04000060954** 05-03-2005 90021 032 ****50.00 1. Entity Name KING PLASTER & STUCCO, LLC Mailing Address Principal Place of Business 18 PINE RADIAL 18 PINE RADIAL OCALA, FL 34472 US OCALA, FL 34472 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04292005 Chg-LLC CR2E083 (10/03) 4. FEI Number 20 - 15/ 55/5 Ca City & State Applied For City & State Not Applicable Country \$5.00 Additional Ζp Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REDD, KING C JR Street Address (P.O. Box Number is Not Acceptable) **18 PINE RADIAL** OCALA, FL FL City 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 SI GNATURE Signature, typed or pointed name of registered agent and LER 6 applicable. (NOTE: Registered Agent agnesive regioned when reinstating) DATE Make check payable to Filing Fee Is \$50.00 Due by May 1, 2005 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM Addition MILE Delete BITTE ☐ Change REDD, KING C JR NAME NAME STREET ADOPESS 18 PINE RADIAL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA, FL 34472 Delete TITLE ☐ Change Addition IIILE NAME NAME STREET ADDRESS STREET LADOFF SS CITY-SI-ZIP CHY-SI-ZIP TITEE ☐ Change Addition IIILE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP HHE Change Addition ☐ Delete IIILE NAME NALES STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP HILE ☐ Change ☐ Delete Addition TIFLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-ZIP TITLE □ Detete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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 cath; 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.

CITY-ST-ZIP

ING MEMBER MANAGER OF AUTHORIZED REPRESENTATIVE Davisone Phone 8