


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 09, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90072 022 \*\*\*\*50.00

<b>DOCUMENT # L04000062210</b>					
1. Entity Name ROY DEESE PLASTERING, LLC					
Principal Place of Business 11960 SE 96TH TERRACE BELLEVIEW, FL 34420 US			Mailing Address 1815 SE 89TH LANE OCALA, FL 34480		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number <b>20-1567014</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				5. Additional Fee Required <b>\$5.00</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEESE, ELLIOT-L 1815 E 89TH LANE OCALA, FL 34480			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEESE, ELLIOT L 1815 SE 89TH LANE OCALA, FL 34480 <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		
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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: <i>Elliott L Deese</i>		Date: <i>7/14/05</i>		Daytime Phone #	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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