2005 LIMITED LIABILITY COMPANY

SIGNATURE: XRafaal Salazar
SIGNATURE and typed or printed name of signing managing member, manager, or authorized representative

ANNUAL REPORT (AR)								
DOCUMENT # L04000064043 1. Entity Name						FIL	En	
J AND R	DRYWALL LLC		130			05 FEB 22 F		
Principal Place of Business		Mailing Address			5	Elher	19 4:52	
5349 GREENBORO HWY 12 QUINCY FL 32351		PO BOX 466 GRETNA FL 32332			/A; .	ECHETARY OLAHASSEE,	FSTALL FLORIT PRINTERN BURN BURN BURN BURN BURN BURN	1881 111 1881
2. Principal Place of Business		3. Mailing Address		7/				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1)/	1	st MOORE	CR2E083 (10/04)	
City & State		City & State	/		4. FEI Number Applied For 77209 5328 Not Applied by		t Applicable	
Zip	Country	Zip	Country			te of Status Desired	□ \$5.00 Add Fee Required	
6. Name and Address of Current Registered Agent			Na	me .	7. Name ar	d Address of New R	egistered Agent	
5349	A, JORGE GREENBORO HWY 12 NCY FL 32351		Str	Street Address (P.O. Box Nymber is Not Acceptable) 250 Billy Hatter RD.				
-	,		Cit	vincy	FI.	3234	FL Zip Code	, 8
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 Rafael Salazar 02/22/05								
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE OPTIGE Printed Printed								
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State								
		Due	By May 1,	2005				
9.	MANAGING MEMBER		10.			ADDITIONS/		
TITLE NAME	MGRM ROSA, JORGE	Delete	TITLE NAME	Rat	ad So	dazar	Change	☐ Addition
STREET ADDRESS	5349 GREENBORO HWY 12		STREET ADD			Hatcher Ro	٠.	
CITY-ST-ZIP	QUINCY FL 32351		CITY-ST-ZI	QU	ency Fl	. 32351		
TITLE	MGRM	☐ Delete	TITLE NAME		·		☐ Change	☐ Addition
NAME STREET ADDRESS	SALAZAR, RAFAEL 250 BILL JASHAR RD		STREET ADD	RESS				
CITY-ST-ZIP *	QUINCY FL 32351		CITY-ST-ZI	>				
- TITLE ·		Delete	TITLE				Change	Addition_
name Street address			NAME STREET ADD	DECC	7	000472	02837 -018 **50.00	
CITY-ST-ZIP			CITY-ST-ZI		02/2	4/ 05 01005-	-018 **50.00	
TITLE		☐ Delete	TITLE	-			Change	Addition
NAME			NAME					
STREET ADDRESS CITY-ST-ZIP			STREET ADD					
TIFLE		☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS			NAME STREET ADD	DECC				
CITY-ST-ZIP			CITY-ST-ZII	1				
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition
NAME CTREET ADDRESS			NAME STREET ADD	BESS				ĺ
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZI	i				
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.								