
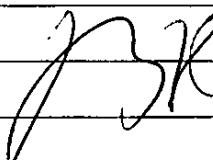


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

<b>DOCUMENT # L04000064043</b> 1. Entity Name <b>J AND R DRYWALL LLC</b>	
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Principal Place of Business <b>5349 GREENBORO HWY 12 QUINCY FL 32351</b>	Mailing Address <b>PO BOX 466 GRETNA FL 32332</b>
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip	3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	
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FILED

05 FEB 22 PM 4:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE      CR2E083 (10/04)

6. Name and Address of Current Registered Agent  <b>ROSA, JORGE 5349 GREENBORO HWY 12 QUINCY FL 32351</b>		7. Name and Address of New Registered Agent  Name <b>Sabazar, Rafael</b> Street Address (P.O. Box Number is Not Acceptable) <b>250 Billy Hatcher Rd. Quincy Fl. 32351</b> City <b>FL</b> Zip Code	
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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 X Rafael Salazar      (NOTE: Registered Agent signature required when reinstating)      DATE 02/22/05

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input checked="" type="checkbox"/> Delete <b>ROSA, JORGE</b> <b>5349 GREENBORO HWY 12</b> <b>QUINCY FL 32351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGRM</b> <b>SALAZAR, RAFAEL</b> <b>250 BILL JASHAR RD</b> <b>QUINCY FL 32351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Rafael Salazar</b> <b>#250 Billy Hatcher Rd.</b> <b>Quincy Fl. 32351</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700047202837</b> <b>02/24/05--01005--018    **50.00</b>
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"/> Change <input type="checkbox"/> Addition
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: X Rafael Salazar      DATE 02/22/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #