



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90187 006 ****55.00

DOCUMENT # L04000074417 1. Entity Name D & R DRYWALL, LLC							
Principal Place of Business 609 CHERRY ST PANAMA CITY, FL 32401 US			Mailing Address 609 CHERRY ST PANAMA CITY, FL 32401 US				
2. Principal Place of Business Suite, Apt. #, etc. 1800 Glencoe RD City & State Lynn Haven FL Zip 32444		3. Mailing Address Suite, Apt. #, etc. 1800 Glencoe RD City & State Lynn Haven FL Zip 32444					
4. FEI Number 07052005 Chg-LLC CR2E083 (10/03) 87-0733713				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CROSS, DENNIS R. 609 CHERRY ST PANAMA CITY, FL 32401			
7. Name and Address of New Registered Agent Name Dennis R Cross Street Address (P.O. Box Number is Not Acceptable) 1800 Glencoe RD City Lynn Haven FL State FL Zip Code 32444				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 <u>Dennis R Cross</u> Dennis R Cross <u>8-13-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, DENNIS R 609 CHERRY ST PANAMA CITY, FL 32401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, JORDAN A. 1800 Glencoe RD Lynn Haven FL 32444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, JOSHUA E 609 CHERRY ST PANAMA CITY, FL 32401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, JOSHUA E 11718 SANDCASTLE LN PANAMA CITY BEACH FL 32407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CROSS, PATRICIA C 609 CHERRY ST PANAMA CITY, FL 32401	<input checked="" 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			
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			
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: <u>Dennis R Cross</u> Dennis R Cross <u>8-13-05</u> <u>(850) 265 4258</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							