



**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000077027</b> 1. Entity Name <b>JOE PAYNE DRYWALL, "LLC"</b>	
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Principal Place of Business <b>7021 LONGLEAF CREEK DRIVE PENSACOLA, FL 32526 US</b>	Mailing Address <b>7021 LONGLEAF CREEK DRIVE PENSACOLA, FL 32526 US</b>
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**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number <b>13-4288116</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**PAYNE, JOSEPH L  
7021 LONGLEAF CREEK DRIVE  
PENSACOLA, FL 32526**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

000000909968  
05/06/08-80090-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR PAYNE, JOSEPH L 7021 LONGLEAF CREEK DRIVE PENSACOLA, FL 32526</b>
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Joseph Payne **4-16-08** **850-723-2720**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #