2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081673

Entity Name: TOLLESON DRYWALL, LLC

JACKSONVILLE, FL 32220 US

City-St-Zip:

FILED Sep 15, 2006 Secretary of State

| Current P | rincipal Place of Business: | New Principal | New Principal Place of Business: | |
|---------------------------------------------|------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|---------------------------------------------|--|
| | RTH COUNTY ROAD 127 SON, FL 32087 US | | | |
| Current Mailing Address: | | New Mailing A | New Mailing Address: | |
| P O BOX 4 SANDERS | 487 SON, FL 32087 US | | | |
| | : 20-1872799 FEI Number Applied For () ice with s. 607.193(2)(b), F.S., the limited liability co | FEI Number Not Applicable ompany did not receive the prior | | |
| Name and | Address of Current Registered Agent: | Name and Add | ress of New Registered Agent: | |
| 10532 NOI SANDERS | N, DAVID S RTH COUNTY ROAD 127 SON, FL 32087 US named entity submits this statement for the | purpose of changing its rec | istered office or registered agent. or both | |
| | e of Florida. | parpose or enanging to reg | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| SIGNATU | RE: | | | |
| | Electronic Signature of Registered A | gent | Date | |
| MANAGING MEMBERS/MANAGERS: | | ADDITIONS/CHANG | ADDITIONS/CHANGES: | |
| Title: Name: Address: City-St-Zip: | MGRM () Delete TOLLESON, DAVID S 10532 NORTH COUNTY ROAD 127 SANDERSON, FL 32087 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MGR () Delete TOLLESON, JOSHUA S 12140 NORTH STATE ROAD 121 MACCLENNY, FL 32063 US | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: | MGR () Delete COLE, BOBBY R 7844 GREGORY DRIVE, APT 302 | Title: Name: Address: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

City-St-Zip:

SIGNATURE: DAVIS S TOLLESON M 09/15/2006