


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000086408					
<b>1. Entity Name</b> JOSE ARAGON DRYWALL LLC ARAGON					
<b>Principal Place of Business</b> 2037 W OSCEOLA ST QUINCY, FL 32351			<b>Mailing Address</b> 2037 W OSCEOLA ST QUINCY, FL 32351		
<b>2. Principal Place of Business</b> 2037 OSCEOLA ST Suite, Apt. #, etc.		<b>3. Mailing Address</b> 2037 OSCEOLA ST Suite, Apt. #, etc.			
<b>City &amp; State</b> QUINCY, FL Zip 32351 Country USA		<b>City &amp; State</b> QUINCY, FL Zip 32351 Country USA		<b>4. FEI Number</b> 32-0145736	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
<b>6. Name and Address of Current Registered Agent</b> ARAGOIN, JOSE W 2037 W OSCEOLA ST QUINCY, FL 32351			<b>7. Name and Address of New Registered Agent</b> Name ARAGON, JOSE W Street Address (P.O. Box Number is Not Acceptable) 2037 OSCEOLA ST City QUINCY FL Zip Code 32351		
<b>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.</b> SIGNATURE <u>Jose W Aragon</u> DATE <u>4-26-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARAGOIN, JOSE W 2037 W OSCEOLA ST QUINCY, FL 32351	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARAGON, PEDRO ANTONIO 2037 OSCEOLA ST QUINCY, FL 32351	<input type="checkbox"/> Change <input checked="" 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	100054112431 05/09/05--01070--029 **50.00	
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Jose W Aragon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4-26-05</u> Daytime Phone # <u>850-528-1956</u>		

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262005 Chg-LLC CR2E083 (10/03)