2206 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)

		MITOAL	REPUNI (AN)	<u> </u>		,				
DOCUI		# L0500000		FILED						
CORNELL	_ DORSE	Y'S PLASTERIN	NG & DRYWALL LLC	DRYWALL LLC			2006 JAN 31		·	
Principal Place	e of Busines	<u></u>	Mailing Address		·		DIVITION OF I	JORPOKA	HUNS	
1908 WELCH STREET			1908 WELCH STREET	•			JALLAHAS!	SEE, FLO	RIDA	
TALLAHASSEE FL 32310				TALLAHASSEE FL 32310						
2. Principal Place of Business			3. Mailing Address	3. Mailing Address			IISK SK SSIEL SKK SSKK SS	Bill Bon som c.	if bissrener	18t m 180,
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			t MOORE	CR2E083	(10/05)	
City & State			City & State	City & State			per .		No	plied For t Applicable
Zip	Country		Zip			L	e of Status Desired	F	5.00 Addi ee Required	
	6. Name	and Address of Cu	rrent Registered Agent		Name	7. Name and	d Address of New R	legistered Ag	jent	
1908		H STREET				P.O. Box Numb	per is Not Acceptable	e)		
TALLAHASSEE FL 32310					City	<del></del> -			Zip Code	
							,	FL		
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, typest or printed name of registered agent and talle it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$50.00										
Make Check Payable to Florida Department of State  Due By May 1, 2006										
9.		MANAGING M	EMBERS/MANAGERS	10.	Hade pursit and an elimination of	The strate of the second	ADDITIONS	/CHANGES		
THILE	MGRM Delete				E	ജന	mase 1	1 22A	Change	☐ Addition
NAME STREET ADDRESS	1 '	, CORNELL CH STREET		NAM STRE	NAME 300065 STREET ADDRESS 02/03/060100			-016 ×	Š0.00	
CITY-ST-ZIP	1	SSEE FL 32310		CITY-ST						
TITLE	☐ Delete TITI						<u></u>	1	☐ Change	Addition
NAME					ME EET ADDRESS					
CITY-ST-ZIP	cr				EET ADDRESS /-ST-ZIP		***		<del>=</del> -:-	
NAME			Delete	TITLE NAM		. ———		,·	Change_	_ Addition
STREET ADDRESS CITY-ST-ZIP				STRE	EET ADDRESS (- ST-ZIP					ļ
TITLE			☐ Delete	TITLE	£				Change	☐ Addition
NAME	1			NAM						
STREET ADDRESS CITY-ST-ZIP				ı	EET ADDRESS (-ST-ZIP					
TITLE NAME			Delete	TITU NAM	1			Ī	Change	Addition
STREET ADDRESS CITY-97-ZIP				STRE	EET ADDRESS (-ST-ZIP					į
TITLE			☐ Delete	וווד	E		, e		Change	☐ Addition
NAME				NAM						
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP	certify that It	ne information suppli	ed with this filing does not qualify (		Y-ST-ZIP	ed in Section 11	10. Florida Statutes	I further certif	fy that the ii	nformation
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: DEALLY DORSEY DISCONSIGNATURE and typed or printed name of signing managing gember, manager, or authorized representative Date Degistre Proce #										