

**LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000011202</b> 1. Entity Name KILPATRICK DRYWALL REPAIR LLC	
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Principal Place of Business 5128 WILLARD CREWS LANE HOME MACCLENNY, FL 32063 US	Mailing Address 5128 WILLARD CREWS LANE HOME MACCLENNY, FL 32063 US
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**DO NOT WRITE IN THIS SPACE**



04172008No Chg-LLC CR2E083 (12/07)

4. FEI Number 73-1729803	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KILPATRICK, JAMES R  
5128 WILLARD CREWS LANE  
MACCLENNY, FL 32063

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KILPATRICK, JAMES R 5128 WILLARD CREWS LANE MACCLENNY, FL 32063
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U00000925886  
05/20/08-80045-004 138.75

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: James R. Kilpatrick 4-24-08 904-2592930  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #