


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jun 16, 2006 8:00 am**  
**Secretary of State**

06-16-2006 90001 012 \*\*\*\*55.00

<b>DOCUMENT # L05000016003</b>	
1. Entity Name <b>CHABS DRYWALL LLC</b>	

Principal Place of Business 1701 E. KNIGHTS GRIFFIN RD PLANT CITY, FL 33565	Mailing Address 1701 E. KNIGHTS GRIFFIN RD PLANT CITY, FL 33565
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40055510

2. Principal Place of Business <b>2703 50th St. SW</b>	3. Mailing Address <b>2703 50th St. SW</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

06092006 Chg-LLC CR2E083 (11/05)

City & State <b>Lehigh Acres, FL</b>	City & State <b>Lehigh Acres FL</b>
Zip <b>33971</b>	Country <b>USA</b>

4. FEI Number <b>20-2369543</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>DIMAS, NICHOLAS</b> 1701 E. KNIGHTS GRIFFIN RD PLANT CITY, FL 33565	
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7. Name and Address of New Registered Agent	
Name <b>DIMAS, Nicholas</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>2703 50th Street SW</b>	
City <b>Lehigh Acres</b>	FL Zip Code <b>33971</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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 6, 2006</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIMAS, NICHOLAS 1701 E. KNIGHTS GRIFFIN RD PLANT CITY, FL 33565	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIMAS, Nicholas 2703 50th St. SW Lehigh Acres, FL 33971	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORENO, RAUL 111 PEARL ST, APT. 3-A PLANT CITY, FL 33563	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOTO, GILBERT 2212 E. WILLIAMS RD PLANT CITY, FL 33566	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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
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
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

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:**  **6-12-06 (239) 340-5661**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #