

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90083 043 \*\*\*\*55.00

<b>DOCUMENT # L05000032646</b> 1. Entity Name <b>BRAD LUTZ DRYWALL, LLC</b>					
Principal Place of Business <b>586 LEOPARD AVENUE</b> <b>N FT MYERS, FL 33917</b>			Mailing Address <b>1421 N. BRIGGS RD</b> <b>TWINING, MI 48766</b>		
2. Principal Place of Business <b>10205 Burnt Store Rd.</b> Suite, Apt. #, etc. <b># 103</b>		3. Mailing Address <b>10205 Burnt Store Rd.</b> Suite, Apt. #, etc. <b># 103</b>		<b>20004932</b>  	
City & State <b>Punta Gorda, FL</b> Zip <b>33950</b>		City & State <b>Punta Gorda, FL</b> Zip <b>33950</b>		4. FEI Number <b>20-2442655</b>	
Country <b>Charlotte</b>		Country <b>Charlotte</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				01242006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent  <b>CARLSON DANIEL</b> <b>586 LEOPARD LANE</b> <b>N FT MYERS, FL 33917</b>				7. Name and Address of New Registered Agent Name <b>Eva Lutz</b> Street Address (P.O. Box Number is Not Acceptable) <b>10205 Burnt Store Rd., # 103</b> <b># 103</b> City <b>Punta Gorda</b> <b>FL</b> Zip Code <b>33950</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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>2-1-06</b>	
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUTZ, BRADLEY W 1421 N. BRIGGS RD TWINING, MI 48766	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Lutz, Bradley W. 10205 Burnt Store Rd., # 103 Punta Gorda, FL 33950	<input checked="" 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
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:				Date <b>2-1-06</b> Daytime Phone # <b>(810)394-3451</b>	