

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000045448

1. Entity Name
DAVID JONES DRYWALL, LLC



| | |
|---|---|
| Principal Place of Business 6139 NANTUCKET LANE SPRING HILL, FL 34608 US | Mailing Address 6139 NANTUCKET LANE SPRING HILL, FL 34608 US |
|---|---|



01162008No Chg-LLC CR2E083 (12/07)

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| | |
|---|--|
| 4. FEI Number 20-2823716 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**JONES, DAVID L
 6139 NANTUCKET LANE
 SPRING HILL, FL 34608**

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 David L. Jones President DATE 2-27-08

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

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 JONES, DAVID L 6139 NANTUCKET LANE SPRING HILL, FL 34608 |
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 03/11/08-80054-002 138.75

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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: David L. Jones DATE 2-27-08 DAYTIME PHONE # (352) 596-1187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #