


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90084 013 ***138.75

DOCUMENT # L05000052880	
1. Entity Name JAMES M LVINGSTON DRYWALL LLC	

Principal Place of Business P O BOX 234 HOLT FL 32564 US	Mailing Address P O BOX 234 HOLT FL 32564 US
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2. Principal Place of Business - No P.O. Box # 450 Sugarman Ln.	3. Mailing Address
Suite, Apt. #, etc. 450 Sugarman Ln.	Suite, Apt. #, etc.
City & State Holt FL.	City & State
Zip 32564	Country OKL.



1st MOORE CR2E083 (10/07)

4. FEI Number 11-3750823	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LIVINGSTON, JAMES M 450 SUGARMAN LANE HOLT FL 32564	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 <i>James M. Livingston</i>	DATE

<p>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee Will Be \$538.75 Make Check Payable to Florida Department of State</p>	
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LIVINGSTON, JAMES M P O BOX 234 HOLT FL 32564 <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
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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: <i>James M. Livingston</i> (JAMES M. Livingston) 3-15-08	537-3193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	