


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000084727		
1. Entity Name LIGHTING BOLT DRYWALL "LIMITED LIABILITY COMPANY"		
Principal Place of Business 569 LIBBY ALICO RD BABSON, PARK, FL 33827	Mailing Address 569 LIBBY ALICO RD BABSON, PARK, FL 33827	



03102007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0567495	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 SCOTT GILBERT, RUDOLPH S.R. 569 LIBBY ALICO RD BABSON, PARK, FL 33827
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**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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR SCOTT GILBERT, RUDOLPH S.R. 569 LIBBY ALICO RD BABSON, PARK, FL 33827
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM GILBERT, PAUL E S.R. 569 LIBBY ALICO RD BABSON, PARK, FL 33827
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM BARTON, SHEILA R 569 LIBBY ALICO RD BABSON, PARK, FL 33827
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03/27/07-80096-002 50.00

**DO NOT WRITE
IN THIS SPACE**

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: Rudolph S. Gilbert SR 03-16-07 863-638-1536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #