2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000096900

1. Entity Name
DAVID RAU PLASTERING AND STUCCO, LLC

FILED
08 JUL 24 PM 3:35
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2817 FACEVILLE HIGHWAY BAINBRIDGE, GA 39819 US	2817 FACEVILLE HIGHWAY BAINBRIDGE, GA 39819 US

2817 FACEVille HWY

07242008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. Bainbridge GA.	Suite, Apt. #, etc.
City & State	City & State
Zip: 39819 / Country	Zip / Country

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WHITAKER, THOMAS L SR. 1607 WOODGATE WAY TALLAHASSEE, FL 32308	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM RAU, DAVID 2817 FACEVILLE HGWY BAINBRIDGE, GA 39819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 100133752651 07/30/08--01022--004 **138.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CABRERRA, PEDRO 3178 CHATEL CREEK ROAD HAVANA, FL 32333	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WILLIG, MILLER 6697 FAIRBANKS PERRY ROAD HAVANA, FL 32333	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR PINEDA, CHRISTIAN 4385 PT MILLIGAN RD QUINCY, FL 32352	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR CORNWELL, JERRY 2817 FACEVILLE HWY BAINBRIDGE, GA 39819	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RAU, COLLEN 2817 FACEVILLE HWY BAINBRIDGE, GA 39819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: Colleen Rau Colleen RAU 7-24-08 229-246-4311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #