


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2007 8:00 am
Secretary of State

01-26-2007 90079 044 ****50.00

DOCUMENT # L06000008673	
1. Entity Name GARY REEVES DRYWALL LLC	

Principal Place of Business 383 DESOTO DRIVE NEW SMYRNA BEACH, FL 32169	Mailing Address 383 DESOTO DRIVE NEW SMYRNA BEACH, FL 32169
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30000602



2. Principal Place of Business - No P.O. Box # 2520N Ronald Reagan Blvd	3. Mailing Address 2520N Ronald Reagan Blvd
Suite, Apt. #, etc. Suite 148	Suite, Apt. #, etc. Suite 148

01082007 Chg-LLC CR2E083 (12/06)

City & State Longwood, FL	City & State Longwood, FL
Zip 32750	Country USA

4. FEI Number 20-4284971	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent REEVES, GARY 383 DESOTO DRIVE NEW SMYRNA BEACH, FL 32169	7. Name and Address of New Registered Agent Name Reeves, Gary Street Address (P.O. Box Number is Not Acceptable) 701 Magnolia Street City New Smyrna Beach FL Zip Code 32169
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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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)

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

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP President Gary Reeves 701 Magnolia Street New Smyrna Beach, FL 32169	<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
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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: Gary Reeves 1-9-07 402339-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Debit Phone #