


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L06000040952</b> 1. Entity Name <b>CARLOS A HERNANDEZ DRYWALL LLC</b>				 <b>FILED</b> 07 MAR 20 PM 2:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business <b>467 HOLLY CIRCLE                  QUINCY, FL 32351</b>		Mailing Address <b>467 HOLLY CIRCLE                  QUINCY, FL 32351</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
4. FEI Number <b>204725001</b>				
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				
6. Name and Address of Current Registered Agent <b>BENFIELD, RON                  58 SIOUX CIRCLE                  HAVANA, FL 32333</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.		Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				
<b>Filing Fee is \$50.00                  Due by May 1, 2007</b>		<b>Make check payable to                  Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERNANDEZ, CARLOS A 467 HOLLY CIRCLE QUINCY, FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>900095245559</b> <b>03/29/07--01050--004 **50.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUNIS, EDUARDO S 467 HOLLY CIRCLE QUINCY, FL 32351	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Stonny Menjivar 467 Holly Circle Quincy, FL 32351	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VEGA MEDINA, LUIS A 467 HOLLY CIRCLE QUINCY, FL 32351	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	
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: <u>Carlos A Hernandez</u>			Date: <u>3/19/07</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				