2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

05-07-2007 90379 015 ****55.00 DOCUMENT # L06000066238 J. SIÉRRA DRYWALL L.L.C. 60042420 Principal Place of Business Mailing Address 3814 N. 48TH ST 3814 N. 48TH ST J. J. W. 1988 **TAMPA, FL 33605** TAMPA, FL 33605 2. Principal Place of Business - No P O Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. . 04172007 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable 205192367 Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIERRA, JOHN Street Address (P.O. Box Number is Not Acceptable) 3814 N. 48TH ST TAMPA, FL 33605 Zip Code City FL 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 . Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. MGRM TITLE Defete HILE ☐ Change ■ Addition SIERRA, JOHN NAME NAME STREET ADDRESS 3814 N. 48TH ST STREET ADDRESS CITY ST ZIP TAMPA, FL 33605 CITY-ST-ZIP Delete TITLE Change ☐ Addition HILE BREWSTER, PHILIP L NAME NAME 5904 FREMOUT AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33604 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY - ST - 7IP DILE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP HILE ☐ Delete MILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP by with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information at the 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 progression of the contraction of the contracti 11. Thereby certify that the information supply indicated on this report is true and accu limited liability company or the recei 5-1-07 mi SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone

May 07, 2007 8:00 am Secretary of State