2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
8/31/2007-90066-003-$50.00-$50.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000096453

1. Entity Name
BB DRYWALL LLC

Principal Place of Business	Mailing Address
912 HAMPTON CIRCLE NAPLES FL 34105	912 HAMPTON CIRCLE NAPLES FL 34105

2nd MOORE CR2E083 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1116 OXFORD LANE	1116 OXFORD LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES FL	City & State: NAPLES FL
Zip: 34105 Country: COLLIER	Zip: 34105 Country: COLLIER

4. FEI Number: 110-78-3115 ☐ 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
BEAUDOIN, GILLES 912 HAMPTON CIRCLE NAPLES FL 34105	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 $50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BEAUDOIN, GILLES 912 HAMPTON CIRCLE NAPLES FL 34105	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR BEAUDOIN GILLES 1116 OXFORD LANE NAPLES FL 34105	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	REINSTATEMENT	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	07	☐ 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: Gilles Beaudoin 08-24-07 239-248-8630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #