2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-15-2007 90150 009 ****50.00

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01182007 Chg-LLC CR2E083 (12/06)

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1. Entity Name
DD DRYWALL,LLC

Principal Place of Business	Mailing Address
270 WALKER AVE PALATKA, FL 32177 US	PO BOX 522 INTERLACHEN, FL 32148 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
270 Walker Ave	P.O. Box 522
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Hollister, Fl.	City & State: Interlachen, Fl.
Zip: 32147 Country: Putnam	Zip: 32148 Country: Putnam

4. FEI Number: 363566239 — 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
DOANE, DOUGLAS W 270 WALKER AVE PALATKA, FL	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: D.D Drywall Douglas W Doane
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

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	MGR ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	DOANE, DOUGLAS W	NAME	
STREET ADDRESS	270 WALKER AVE	STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL 32177	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Douglas W Doane 6-11-07 386-937-2646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #