2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# L07000007948

Entity Name: GS DRYWALL, LLC

Current Principal Place of Business:

6330 SE LAKE CIRCLE DR
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

6330 SE LAKE CIRCLE DR
STUART, FL 34997

New Mailing Address:

FEI Number: 26-0405277 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STROUD, GARY S
6330 SE LAKE CIRCLE DR
STUART, FL 34997 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: STROUD, LISA
Address: 6330 SE LAKE CIRCLE DR
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Delete
Name: STROUD, GARY
Address: 6330 SE LAKE CIR DR
City-St-Zip: STUART, FL 34997

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STROUD, LISA C
Address: 6330 SE LAKE CIRCLE DR
City-St-Zip: STUART, FL 34997

Title: MGRM (X) Change ( ) Addition
Name: STROUD, GARY S
Address: 6330 SE LAKE CIR DR
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Change (X) Addition
Name: JOERGER, SHANE A
Address: 6330 SE LAKE CIRCLE DR
City-St-Zip: STUART, FL 34997

Title: MGRM ( ) Change (X) Addition
Name: WENZEL, THOMAS C
Address: 901 SW FENWAY RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LISA STROUD MGRM 04/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date