
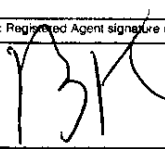


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

<b>DOCUMENT # L07000120929</b> 1. Entity Name <b>ULISES DRYWALL LLC</b>						<div style="font-size: 2em; font-weight: bold; transform: rotate(-5deg);">FILED</div> <div style="font-size: 1.2em;">08 JAN 16 PM 2:50</div> <div style="font-size: 0.8em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div>			
Principal Place of Business <b>1167 HIGH BRIDGE RD QUINCY, FL 32351</b>				Mailing Address <b>PO BOX 1851 QUINCY, FL 32353</b>					
2. Principal Place of Business - No P.O. Box #				3. Mailing Address					
Suite, Apt. #, etc.				Suite, Apt. #, etc.					
City & State				City & State					
Zip		Country		Zip		Country			
6. Name and Address of Current Registered Agent  <b>LANDAVERDE, ULISES A 1167 HIGH BRIDGE RD QUINCY, FL 32351</b>				7. Name and Address of New Registered Agent Name <b>Ron Benfield</b> Street Address (P.O. Box Number is Not Acceptable) <b>58 Sioux Circle</b> City <b>Havana</b> <b>FL</b> Zip Code <b>32333</b>					
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 <u><i>Landaverde</i></u> (NOTE: Registered Agent signature required when reinstating) DATE <u>1/15/08</u>									
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>								<b>Make check payable to Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LANDAVERDE, ULISES A 1167 HIGH BRIDGE RD QUINCY, FL 32351			TITLE NAME STREET ADDRESS CITY - ST - ZIP	700115874287 01/23/08--01022--014 **138.75				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Jerber Landaverde 1167 High Bridge Rd Quincy, FL 32351 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Edgar Chacon 1167 High Bridge Rd Quincy, FL 32351 <input type="checkbox"/> Change <input checked="" 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.									
<b>SIGNATURE:</b> <u>Ulises Landaverde</u> <span style="float: right;">1/15/08</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> <span style="float: right;"><small>Date</small></span> <span style="float: right;"><small>Daytime Phone #</small></span>									