

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 26, 2004 8:00 am
Secretary of State

07-26-2004 90136 034 ****50.00

DOCUMENT # M01000002094
 1. Entity Name *Group Lacasse, LLC*
 FIRST-SOURCE FURNITURE GROUP LLC
Amended 4/1/04



Principal Place of Business: 99 ST. PIERRE ST. ST. PIE, PQ JOH 1W0 CANADA
 Mailing Address: 99 ST. PIERRE ST. ST. PIE, PQ JOH 1W0 CANADA

14060000



MOORE CR2E083 (11/03)

2. Principal Place of Business: *One Haworth Center*
 Suite, Apt. #, etc.

3. Mailing Address: *One Haworth Center*
 Suite, Apt. #, etc.

4. FEI Number: 38-3504222
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$5.00 Additional Fee Required
 6. Name and Address of Current Registered Agent: C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD, PLANTATION FL 33324
 7. Name and Address of New Registered Agent: (Blank)

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: _____ (NOTE: Registered Agent signature required when reinstating)
 DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: SMLLC - HAWORTH, INC. STREET ADDRESS: ONE HAWORTH CENTER CITY-ST-ZIP: HOLLAND MI 49423	<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
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Joan T. Marace* Date: *7/22/04* Daytime Phone #: *616-393-1855*