

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018749

FILED
Mar 08, 2004
Secretary of State

Entity Name: PLYWOOD AND LUMBER OF DURANGO, L.L.C.

Current Principal Place of Business:

848 BRICKELL AVENUE STE.900
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

848 BRICKELL AVENUE STE.900
MIAMI, FL 33131

New Mailing Address:

FEI Number: 13-4204742

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KORN, ROBERT G
848 BRICKELL AVENUE STE.900
MIAMI, FL 33131

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/MEMBERS:

Title: MGR () Delete
Name: KORN, ROBERT G
Address: 848 BRICKELL AVENUE STE.900
City-St-Zip: MIAMI, FL 33131

Title: CFO () Delete
Name: HOFFMAN, LUANN
Address: 848 BRICKELL AVE STE 900
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: NUNEZ, MIGUEL
Address: 848 BRICKELL AVE STE 900
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: HOFFMAN, LUANN
Address: 848 BRICKELL AVE STE 900
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LUANN HOFFMAN

MGR

03/08/2004

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