


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02000035009**

1. Entity Name  
**PALM HARBOR INDUSTRIES, L.L.C.**



Principal Place of Business  
**32100 US HWY 19 N  
 PALM HARBOR, FL 34684-3733**

Mailing Address  
**9207 ADAMO DRIVE  
 TAMPA, FL 33619**

**DO NOT WRITE IN THIS SPACE**



02242004 No Chg-LLC CR2E083 (10/03)

4. FEI Number  
**42-1566258**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**MCDERMOTT, MICHAEL J  
 791 WEST LUMSDEN ROAD  
 BRANDON, FL 33511**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

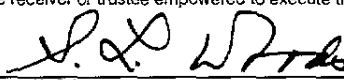
**Filing Fee is \$50.00  
 Due by May 1, 2004**

U00000074092  
 03/03/04-80004-004 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S. WOODS ENTERPRISES, INC. 9207 ADAMO DRIVE TAMPA, FL 33619
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**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **S. J. WOODS** PRESIDENT 02/24/2004 813.620.4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #