2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000035009

I. Entity Name

PALM HARBOR INDUSTRIES, L.L.C.



FILED
Apr 04, 2005 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

32100 US HWY 19 N

PALM HARBOR, FL 34684-3733

9207 ADAMO DRIVE TAMPA, FL 33619



03192005No 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

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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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM S. WOODS ENTERPRISES, INC. 9207 ADAMO DRIVE TAMPA, FL 33619		U00000286791
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<u>_</u>	000000286791 04/04/05-80041-022 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-
TITLE			

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 adjurate 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 try see emporaged to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

03/23/2005

813.620.4300x2d1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #