

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR)**

DOCUMENT # L03000003030

1. Entity Name

WIREGRASS FURNITURE AND LUMBER, LLC



**FILED  
Aug 23, 2004 8:00 am  
Secretary of State**

08-23-2004 90152 043 \*\*\*\*50.00



MOORE CR2E083 (4/04)

Principal Place of Business Mailing Address  
545 MACLAY ROAD 545 MACLAY ROAD  
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **61661659** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GLUESENKAMP, BENJAMIN D  
545 MACLAY ROAD  
TALLAHASSEE FL 32312

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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

*Vice - President*

*August 19, 2004*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Florida Department of State  
Due By September 8, 2004

9. MANAGING MEMBERS/MANAGERS

ADDITIONS/CHANGES

TITLE **MGRM**  Delete  
NAME **GLUESENKAMP, BENJAMIN D**  
STREET ADDRESS **545 MACLAY ROAD**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **Vice President**  Delete  
NAME **Gordon J. Gluesenkamp, Jr.**  
STREET ADDRESS **545 Maclay Rd.**  
CITY-ST-ZIP **Tallahassee, FL 32312**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*G. J. Gluesenkamp, Jr. August 19, 2004 (850) 893-7081*

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

Date

Daytime Phone #