2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000003030

1. Entity Name
WIREGRASS FURNITURE AND LUMBER, LLC

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

DO NOT WRITE IN THIS SPACE

04142005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
16-1661659	Not Applicable

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

6. Name and Address of Current Registered Agent

GLUESENKAMP, BENJAMIN D
545 MACLAY ROAD
TALLAHASSEE, FL 32312

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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	MGRM	
NAME	GLUESENKAMP, BENJAMIN D	
STREET ADDRESS	545 MACLAY ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE	VP	
NAME	GLUESENKAMP, GORDON J JR.	
STREET ADDRESS	545 MACLAY ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL 32312	
TITLE		
NAME		
STREET ADDRESS		
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05/04/05-80146-019 50.00

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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: _____ G.J. Gluesenkamp, Jr.   5/1/05   850-893-7087
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #