2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000019051

1. Entity Name
SPECIALTY WOODS MILLWORK, LLC

Principal Place of Business	Mailing Address
5161 HIGHWAY 98 WEST SANTA ROSA BEACH, FL 32459	5161 HIGHWAY 98 WEST SANTA ROSA BEACH, FL 32459

DO NOT WRITE IN THIS SPACE

03232006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
86-1063170

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SUTTON, WILLIAM C
375 BEACON WAY
SANTA ROSA BEACH, FL 32459

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	SUTTON, WILLIAM C
STREET ADDRESS	375 BEACON WAY
CITY-ST-ZIP	SANTA ROSA BEACH, FL 32459
TITLE	VP
NAME	TERRY, JOHN H JR
STREET ADDRESS	4650 HWY 98 EAST
CITY-ST-ZIP	DESTIN, FL 32541
TITLE	S
NAME	CHRISTOPHER, ALTON H
STREET ADDRESS	9950 HWY 98 WEST C-2
CITY-ST-ZIP	MIRAMAR BEACH, FL 32550
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/06-80111-420 50.00

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11. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: William C. Sutton 4/19/06 850-267-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #