2005 LIMITED LIABILITY COMPANY

FILED Apr 13, 2005 08:00 AM

ANNUAL REPORT				Secretary of State
DOCUMENT # L03000044607				Secretary or State
Rentity Name RD WOODS ROOFING, LLC				
NB WCC				
Principal Plac	e of Business	Mailing Address		
85440 ALEN YULEE, FL 3		85440 ALENE RD YULEE, FL 32097		
30ccc, 12 0	2007	(DECE) IN SERVE		TO THE REPORT OF THE PROPERTY FOR THE PROPERTY OF THE PROPERTY
DO NOT WRITE IN THIS SPA				04062005 No Chg-LLC CR2E083 (10/03)
			CE	4. FEI Number Applied For
				20-0417719 Not Applicable 5. Certificate of Status Desired \$5.00 Additional
	6. Name and Address of Current P	anistored Acent	COLUMN SPANNERS SE SECURIO SEC.	5. Certificate of Status Desired 55.00 Additional Fee Required
	6. Name and Address of Current	egistered Agent		··
FORDHAM, SCOTT B 1241 S MCDUFF AVE			vanada and a salah	DO NOT WRITE
JACKSONVILLE, FL 32205				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.				
Control tool by				sub-los
SIGNATURE.	Signature, typed or printed name of registered agent a	id title if applicable. (NOTS, Registere	d Agent signature required	d when reinstating) DATE
Filing Fee is \$50.00 Due by May 1, 2005				U00000303298 04/13/05-80106-015 50.00
9.	MANAGING MEMBER	RS/MANAGERS		
TITLE NAME	MGRM WOODS, RICHARD D			
STREET ADDRESS	85440 ALENE RD			
CITY-ST-ZIP	YULEE, FL 32097	<u> </u>	4	
TITLE NAME				
STREET ADDRESS CITY-ST-ZIP				
MILE		•	1	
NAME				
STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE
TITLE		· · · · · · · · · · · · · · · · · · ·]	IN THIS SPACE
NAME STREET ADDRESS				
CITY-ST-ZIP		- <u>. </u>	-	
TITLE NAME			•	
STREET ADORESS				
CITY-ST-ZIP		<u> </u>	-	
121.07			I	

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

STREET ADDRESS

X 4/12/05- X 954-545-7299