2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000003964

1. Entity Name

HR CUSTOM WOOD PRODUCTS LLC



FILED Jan 09, 2007 08:00 AN Secretary of State

Principal Place of Business

4525 CAPITAL CIR NW BLDG E-2 & E-3 Tallahassee, Fl 32303 Mailing Address

8615 MILFORD COURT TALLAHASSEE, FL 32312



01062007 No Chg-LLC

CR2E083 (11/05)

Fee Required

4.	FEI Number		Applied For
	11-3711080		Not Applicable
5.	Certificate of Status Desired	П	\$5.00 Additional

6. Name and Address of Current Registered Agent

HARDISON, HOWARD R 8615 MILFORD COURT TALLAHASSEE, FL 32312

DO NOT WRITE IN THIS SPACE

	, · <u>-</u>	IN THIS	SPACE
	named entity submits this statement for the purpose of chanions of registered agent.	iging its registered office or registered agent, or both, in the S	State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and this if applicable.	(NOTE Registered Agent signature required when reinstating)	DATE
Fi	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		. We want to the first to the second to the
TITLE NAME STREET ADDRESS CRY-ST-ZIP	MGRM HARDISON, HOWARD R 8615 MILFORD COURT TALLAHASSEE, FL 32312	01/	U00000579838 10/07-80022-022 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	S SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. Chareby	cartify that the information supplied with this filling does not	quality for the exemptions contained in Chapter 119. Florida	Statutes 1 further certify that the information

• I referry certify that the information supplied with this iming 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 ceth; 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: HOWAYA R. HAY J'SAN HONAD R. Haylen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1-8-07 Date (850) 562-0292

Daytima Phone #