

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050332

FILED
Jan 30, 2007
Secretary of State

Entity Name: WOODMARK DESIGNS LLC

Current Principal Place of Business:

3650 GATLIN DRIVE
VIERA, FL 32955

New Principal Place of Business:

Current Mailing Address:

3650 GATLIN DRIVE
VIERA, FL 32955

New Mailing Address:

FEI Number: 20-4815564

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BOWLDS, PATSY A
3650 GATLIN DRIVE
VIERA, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BOWLDS, PATSY A
Address: 3650 GATLIN DRIVE
City-St-Zip: VIERA, FL 32955

Title: MGRM () Delete
Name: BOWLDS, JAMES M
Address: 3650 GATLIN DRIVE
City-St-Zip: VIERA, FL 32955

Title: MGRM (X) Delete
Name: DOLE, ANNE G
Address: 4607 HELENA DRIVE
City-St-Zip: TITUSVILLE, FL 32780

Title: MGRM (X) Delete
Name: DOLE, ROBERT D
Address: 4607 HELENA DRIVE
City-St-Zip: TITUSVILLE, FL 32780

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PATSY A. BOWLDS

MGRM

01/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date