

**2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Aug 29, 2007  
Secretary of State**

DOCUMENT# L06000050332

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 ( )

**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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: FUELL, JOSEPH P  
Address: 12256 FLORIDA AV  
City-St-Zip: STUART, FL 34994

I hereby certify that the information supplied with this filing does not qualify 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

08/29/2007

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