2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000080826

FILED
Apr 11, 2007
Secretary of State

Entity Name: MATERIALS HOLDING COMPANY, L.L.C.

Current Principal Place of Business:

200 BELLA CITTA BOULEVARD
DAVENPORT, FL 33897

New Principal Place of Business:

Current Mailing Address:

200 BELLA CITTA BOULEVARD
DAVENPORT, FL 33897

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEYER, ALAN E
200 BELLA CITTA BOULEVARD
DAVENPORT, FL 33897 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:	MGR	( ) Delete
Name:	PRATT, JOHN R	
Address:	200 BELLA CITTA BOULEVARD	
City-St-Zip:	DAVENPORT, FL 33897	
Title:	MGR	( ) Delete
Name:	MEYER, ALAN E	
Address:	200 BELLA CITTA BOULEVARD	
City-St-Zip:	DAVENPORT, FL 33897	
Title:	MGR	( ) Delete
Name:	WRIGHT, MALCOLM J	
Address:	2460 SAND LAKE ROAD	
City-St-Zip:	ORLANDO, FL 32809	

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:		

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: MALCOLM J WRIGHT MGR 04/11/2007

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