## 2007 LIMITED LIABILITY COMPANY

## Feb 01, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L06000110328 02-01-2007 90049 017 \*\*\*\*50.00 MANLEY-DEBOER LUMBER COMPANY, LLC Principal Place of Business Mailing Address 1109 EATON STREET 1109 EATON STREET KEY WEST, FL 33040 KEY WEST, FL 33040 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-597-0 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MANLEY, RICHARD Street Address (P.O. Box Number is Not Acceptable) 1109 EATON STREET KEY WEST, FL 33040 Zip Code 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 9. Addition MGR TITLE TITLE ☐ Change ☐ Delete NAME MANLEY, RICHARD NAME STREET ADDRESS 1109 EATON STREET STREET ADDRESS CITY-ST-ZIP KEY WEST, FL 33040 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing 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 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.

CITY-ST-ZIP

SIGNATURE: \_\_\_\_ ED OR PRINTED NAME OF SIGNING MANAGING NEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

29/07 305-304.5757

**FILED**