


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # L98000001822 1. Entity Name DAWS FOREST PRODUCTS, L.L.C.	
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Principal Place of Business ELLYSON INDUSTRIAL PARK 8811 GROW DR PENSACOLA, FL 32514	Mailing Address ELLYSON INDUSTRIAL PARK 8811 GROW DR PENSACOLA, FL 32514
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DO NOT WRITE IN THIS SPACE



01282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3533031	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAWS, H.C.
8811 GROW DRIVE, BOX 11
PENSACOLA, FL 32514

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000042750
02/10/04-80037-009 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAWS, H.C. ELLYSON INDUSTRIAL PARK PENSACOLA, FL 32514
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE: *H.C. Daws* **H.C. DAWS** **1/29/04** **850-478-3298**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #