

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000032

FILED
Apr 15, 2004
Secretary of State

Entity Name: SOUTHLAND FOREST PRODUCTS, L.L.C.

Current Principal Place of Business:

9995 GATE PARKWAY NORTH
SUITE 200
JACKSONVILLE, FL 32246

New Principal Place of Business:

Current Mailing Address:

9995 GATE PARKWAY NORTH
SUITE 200
JACKSONVILLE, FL 32246

New Mailing Address:

FEI Number: 59-3559591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APPLEBY, CHARLES C
9995 GATE PARKWAY NORTH
SUITE 200
JACKSONVILLE, FL 32246 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/MEMBERS:

Title: MGRM () Delete
Name: CAVCO OF NORTH FLORI, DA, INC.
Address: 9995 GATE PKWY NORTH, STE 200
City-St-Zip: JACKSONVILLE, FL 32246

Title: MGRM (X) Delete
Name: ALLMANN, PERRY
Address: 295 SAWGRASS ROAD
City-St-Zip: BUNNELL, FL 32110

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: CHARLES C APPLEBY

MGR

04/15/2004

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