## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M00000002538

Entity Name: CANAL WOOD, L.L.C.

P.O. BOX 346

MGRM

DILLON, SC 29536

HAWLEY, HAROLD N

471 BLACKBERRY LANE

MYRTLE BEACH, SC 29579

(X) Delete

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

FILED Jan 06, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2430 N. MAIN ST. CONWAY, SC 29526 **Current Mailing Address: New Mailing Address:** P.O. BOX 260010 CONWAY, SC 29528 FEI Number: 57-1110464 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: THARPE, DONNIE 2431 HIGHWAY 71 SOUTH MARIANNA, FL 32446 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete PRIDGEN, JAMES P Name: Name: 4311-B LUDGATE ST. Address: Address: City-St-Zip: LUMBERTON, NC 28358 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition MCCALL, ALLEN Name: Name: Address: 419 BRETTWOOD AVE. Address: City-St-Zip: FLORENCE, SC 29501 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition STONE, DENNIS Name: Name: Address: 4311-B LUDGATE ST. Address: City-St-Zip: LUMBERTON, NC 28358 City-St-Zip: ( ) Delete Title: MGRM Title: () Change () Addition Name: HARRELSON, T. CARROLL Name: Address: 2534 KENWICK RD. Address: City-St-Zip: FLORENCE, SC 29501 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition MCMAHAN, GARY D Name: Name:

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.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

() Change () Addition

SIGNATURE: JAMES P. PRIDGEN MGRM 01/06/2005