

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # M01000000464

1. Entity Name
GILMAN BUILDING PRODUCTS, LLC



Principal Place of Business

% HG ESTATE, LLC
111 WEST 50TH STREET
NEW YORK, NY 10020

Mailing Address

% HG ESTATE, LLC
111 WEST 50TH STREET
NEW YORK, NY 10020

DO NOT WRITE IN THIS SPACE



01272004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
58-2611276

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____

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, 2004**

000000127534
04/26/04-80002-003 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HG ESTATE, LLC
STREET ADDRESS	111 WEST 50TH STREET
CITY - ST - ZIP	NEW YORK, NY 10020

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

LYNN KEENE

4/21/04

Date

904-548-1033

Daytime Phone #