2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # M01000000464 02-09-2005 90157 034 ****50.00 GILMAN BUILDING PRODUCTS, LLC Principal Place of Business Mailing Address · 20008857 % HG ESTATE, LLC % HG ESTATE, LLC 111 WEST 50TH STREET 111 WEST 50TH STREET NEW YORK, NY 10020 NEW YORK, NY 10020 2. Principal Place of Business 3. Mailing Address 111 West 50th St 111 West 50th St Suite, Apt. #, etc. Suite, Apt. #, etc. 01262005 Cha-LLC CR2E083 (10/03) 40th Floor 40th Floor City & State City & State 4. FEI Number Applied For New York New York 58-2611276 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П 10020 10020 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Dominick Sorrentino C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 581705 White Oak Rd City Yulee 8. The above gamed 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 s of registered age the obligation 01/31/05 Dominick Sorrentino SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE MGR ☐ Delete TITLE ☐ Change ☐ Addition HG ESTATE, LLC NAME NAME STREET ADDRESS 111 WEST 50TH STREET STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10020 CITY-ST-ZIP Asst Secretary TITLE ☐ Delete TITLE Addition ☐ Change Dominick Sorrentino NAME NAME STREET ADDRESS STREET ADDRESS 581705 White Oak Rd CITY-ST-ZIP CITY-ST-ZIP Yulee, FL 32097 TITLE Delete TITLE ☐ Change X Addition NAME Victor Garrett STREET ADDRESS STREET ADDRESS 581705 White Oak Rd CITY-ST-ZIP CITY-ST-7IP Yulee, FL 32097 TITLE TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

Feb 09, 2005 8:00 am

01/31/05

904-548-1050

Daytime Phone #