

**May 01, 2003 8:00 am**  
**Secretary of State**

**DO NOT WRITE IN THIS SPACE**

DOCUMENT #						FILED May 01, 2003 8:00 am Secretary of State 05-01-2003 90269 026 *****50.00	
Entity Name <b>Hilman Building Products, LLC</b> <b>MD1000000464</b>							
Principal Place of Business <b>OWENS ROAD E FL 32097</b>			Mailing Address <b>3823 OWENS ROAD YULEE FL 32097</b>				
Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State			DO NOT WRITE IN THIS SPACE	
Country			Country			4. FEI Number <b>58-2611276</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent	
<b>AVIS, WILLIAM H 823 OWENS ROAD YULEE FL 32097</b>						Name	
						Street Address (P.O. Box Number is Not Acceptable)	
						City <b>FL</b> Zip Code	
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.							
NATURE \$50 AA Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
MANAGING MEMBERS/MEMBERS				10. ADDITIONS/CHANGES			
ET ADDRESS -ST-ZIP	MGRM BERGREEN, BERNARD D 111 W. 50TH STREET NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ET ADDRESS -ST-ZIP	MGRM MOODY, NATALIE P 111 W. 50TH STREET NEW YORK NY 10020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ET ADDRESS -ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ET ADDRESS -ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ET ADDRESS -ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
ET ADDRESS -ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <b>[Signature]</b> 4-30-03 904-548-1033 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #							