2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

| | T. | ILLU |) | |
|-----|-----|------|---------|---|
| Mar | 11. | 2003 | 8:00 aı | n |
| | , | _ | State | |
| | | ** , | State | |

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DOCUMENT # M02000002882

| 1. Entity Na NABORI | HOOD BUILDING PRODUCTS. | L.L.C. | | |
|---|---|---|-------------------------------|---|
| Principal Pla | ace of Business | Mailing Address | | |
| 22645 CANAL ORANGE BEA | L ROAD, SUITE C ACH AL 36561 | 22645 CANAL ROAD. SUIT ORANGE BEACH AL 36561 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | ☐ CHECK HERE IF MAKING CHANGES |
| City & Sta | ate | City & State | | 4. FEI Number Applied For Not Applied For Not Applied For |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired S.5.00 Additional |
| | 6. Name and Address of Current | Registered Agent | | 7. Name and Address of New Registered Agent |
| MF | YER, RICHARD P | | Name | ne |
| 3747 PEDDIE DRIVE TALLAHASSEE FL 32303 | | | Stree | et Address (P.O. Box Number is Not Acceptable) |
| | , | , | City | FL Zip Code |
| the obligation SIGNATURE | e named entity submits this statement for tions of registered agent. | r the purpose of changing its | registered office | e or registered agent, or both, in the State of Florida. I am familiar with, and accept |
| | Signature, typed or printed name of registered agent a | nd title if applicable. (NOTE | : Registered Agent sign | gnature required when minstating) DATE |
| | | FILE NO | WIII FEE IS | \$ \$50.00 |
| | | Make Check Payable | | |
| 9. | MANAGING MEMBER | | By May 1, 20 | |
| TITLE | MGR | Detete | 10. | ADDITIONS/CHANGES |
| NAME | NABORS, PAUL L | ☐ Octob | NAME | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-ST-ZIP | 22645 CANAL ROAD, SUITE C | | STREET ADDRESS | SS . |
| TITLE | ORANGE BEACH AL 38561 | | CITY+ST-ZIP | |
| NAME . | MILLER, GARY A | ☐ Delate | TITLE NAME | ☐ Change ☐ Addition |
| STREET ADDRESS City-St-Zip | 5237 BUILDING G, HALLSMILL RI MOBILE AL 36619 | D. | STREET ADDRESS CITY-ST-ZIP | |
| ITTLE | V | | TITLE | |
| NAME | LOPER, JOSEPH D | | NAME | Change Addition |
| STREET ADDRESS CITY-ST-21P | 5237 BUILDING G, HALLSMILL RE MOBILE AL 36619 |). | STREET ADDRESS CITY-ST-ZIP | 5 |
| TITLE | MANUEL LIE OCO 10 | ☐ Delete | TITLE | - |
| NAME EXECUT ADODGOS | | | NAME | ☐ Change ☐ Addition |
| STREET ADORESS CITY-ST-ZIP | | | STREET ADORESS CITY-ST-ZIP | |
| TITLE | | ☐ Delete | TITLE | |
| KAME | | | NAME | ☐ Change ☐ Addition |
| TREET ADDRESS | | | STREET ADDRESS CITY-ST-ZIP | 1 |
| TUE | | ☐ Delete | TITLE | ☐ Change ☐ Addition - |

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 frustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR MUTHORIZED REPRESENTATIVE AND WEST JUDED

STREET ADDRESS

CITY-ST-ZIP

Date