2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000885

Current Principal Place of Business:

STEAD, THOMAS L

3005 MERCY DRIVE

ORLANDO, FL 32808

BRUCE, THOMAS A

LEVENSON, RYAN

AUSTELL, GA 30168

() Delete

3250 PARK CENTRAL BLVD, NORTH

(X) Delete

POMPANO BEACH, FL 33064

210 THE BLUFFS, SUITE D

MGR

MGR

Name:

Title:

Title:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Entity Name: MILLWORK SALES OF GEORGIA, LLC

FILED May 23, 2006 Secretary of State

New Principal Place of Business:

	BLUFFS, SUITE D GA 30168			
Current Mailing Address:		New Mailing Add	New Mailing Address:	
3295 RIVER EXCHANGE DRIVE SUITE 170 NORCROSS, GA 30092		WATERFORD CEI	5555 TRIANGLE PARKWAY WATERFORD CENTRE, SUITE 120 NORCROSS, GA 30092	
In accordan	58-2627758 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the limited liability compa Address of Current Registered Agent:	•		
707 PENIN	NOLD D JR. ISULAR PLACE VILLE, FL 32204 US			
	named entity submits this statement for the pur e of Florida. RE:	pose of changing its regist	ered office or registered agent, or both	
	Electronic Signature of Registered Agent		Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGES	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR () Delete SUTHERLAND, CHARLES M JR. 210 THE BLUFFS, SUITE D AUSTELL, GA 30168	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR () Delete SUTHERLAND, DAVID B 210 THE BLUFFS, SUITE D AUSTELL, GA 30168	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	MGR () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

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SIGNATURE: CHARLES M. SUTHERLAND, JR. MGR 05/23/2006