


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000002564 1. Entity Name UFP FRAMING OF FLORIDA, LLC	
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Principal Place of Business 2801 E. BELTLINE AVE., NE GRAND RAPIDS, MI 49525	Mailing Address 2801 E. BELTLINE AVE., NE GRAND RAPIDS, MI 49525
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DO NOT WRITE IN THIS SPACE



01162004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 56-2377190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

WHITE, STEVE
105 PROGRESS ROAD
AUBURNDALE, FL 33823

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

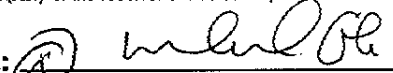
**Filing Fee is \$50.00
Due by May 1, 2004**

U000000094317
03/22/04-80054-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM UNIVERSAL FOREST PRODUCTS EASTERN DIVISION 2801 E. BELTLINE AVE., NE GRAND RAPIDS, MI 49525
TITLE 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:  **Michael P. Cole** **1/22/04** **616 364 6161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #