

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003929

FILED
Jul 06, 2005
Secretary of State

Entity Name: SEMINOLE WOODWORKS, LLC

Current Principal Place of Business:

205 CHERRY ST
DONALSONVILLE, GA 39845

New Principal Place of Business:

Current Mailing Address:

205 CHERRY ST
DONALSONVILLE, GA 39845

New Mailing Address:

FEI Number: 20-0377903 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

JOHNSON, BRIAN T
4495 SHELFER RD., APT. #701
TALLAHASSEE, FL 32305 US

Name and Address of New Registered Agent:

JOHNSON, BRIAN T
4495 SHELFER RD.
ATTN:TERI
TALLAHASSEE, FL 32305 US

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.

SIGNATURE:

07/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: EDENFIELD, VINCENT L
Address: 207 CHERRY ST.
City-St-Zip: DONALSONVILLE, GA 39845

Title: MGRM () Delete
Name: JOHNSON, BRIAN T
Address: 4495 SHELFER RD., APT. #701
City-St-Zip: TALLAHASSEE, FL 32305

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: JOHNSON, BRIAN T
Address: 4495 SHELFER RD. ATTN:TERI
City-St-Zip: TALLAHASSEE, FL 32305

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: VINCENT L EDENFIELD

MGRM

07/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date