


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90090 032 ****50.00

DOCUMENT # M04000000718					
1. Entity Name BUILDERS FIRSTSOURCE - SOUTHEAST GROUP, LLC					
Principal Place of Business 2451 HIGHWAY 501 EAST CONWAY, SC 29526			Mailing Address 2451 HIGHWAY 501 EAST CONWAY, SC 29526		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE MGR NAME MILGRIM, BRETT N STREET ADDRESS 450 LEXINGTON AVENUE, SUITE 3350 CITY-ST-ZIP NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME Kevin P. O'Meara STREET ADDRESS 2001 Bryan St., Ste 1600 CITY-ST-ZIP Dallas Tx 75201	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME FRANK, RAMSEY STREET ADDRESS 450 LEXINGTON AVENUE, SUITE 3350 CITY-ST-ZIP NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME Charles L. Horn STREET ADDRESS 2001 Bryan St. Ste 1600 CITY-ST-ZIP Dallas Tx 75201	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE MGR NAME SHERMAN, FLOYD STREET ADDRESS 2001 BRYAN STREET, SUITE 1600 CITY-ST-ZIP DALLAS, TX 75201	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MGR NAME LEVY, PAUL S STREET ADDRESS 450 LEXINGTON AVENUE, SUITE 3350 CITY-ST-ZIP NEW YORK, NY 10017	<input checked="" type="checkbox"/> Delete		TITLE MGR NAME Donald F. McAtteehan STREET ADDRESS 2001 Bryan St. Ste 1600 CITY-ST-ZIP Dallas Tx 75201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Donald F. McAtteehan</i>			Date: <i>1/17/07</i> Daytime Phone #: <i>214-880-3520</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

20002843



01162007 Chg-LLC CR2E083 (12/06)

4. FEI Number
57-0618425 ☐ Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**