

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M04000000749**

1. Entity Name  
**BUILDERS FIRSTSOURCE - ATLANTIC GROUP, LLC**



Principal Place of Business  
**5330 SPECTRUM DRIVE, SUITE L  
FREDERICK, MD 21703**

Mailing Address  
**5330 SPECTRUM DRIVE, SUITE L  
FREDERICK, MD 21703**



04052005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**52-2080519**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**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

*Signature, typed or printed name of registered agent and file if applicable*

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2005**

1100000308751

04/16/05-80010-010 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
MILGRIM, BRETT N  
450 LEXINGTON AVENUE, SUITE 3350  
NEW YORK, NY 10017**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
FRANK, RAMSEY  
450 LEXINGTON AVENUE, SUITE 3350  
NEW YORK, NY 10017**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
SHERMAN, FLOYD  
2001 BRYAN STREET, SUITE 1600  
DALLAS, TX 75201**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LEVY, PAUL S  
450 LEXINGTON AVENUE, SUITE 3350  
NEW YORK, NY 10017**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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)(f), 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:**

*Lisa Verschell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**4-5-05**

Date

**301 631-2282**

Daytime Phone #