

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-25-2007 90090 033 \*\*\*\*50.00

**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**

**20002842**



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

01172007 Chg-LLC CR2E083 (12/06)

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**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE Mgr ☐ Change ☒ Addition  
NAME Kevin P. O'meara  
STREET ADDRESS 2001 Bryan St. Ste 1600  
CITY-ST-ZIP Dallas Tx 75201

TITLE Mgr ☐ Change ☒ Addition  
NAME Charles L. Horn  
STREET ADDRESS 2001 Bryan St. Ste 1600  
CITY-ST-ZIP Dallas Tx 75201

TITLE Mgr ☐ Change ☒ Addition  
NAME Donald F. McAleenan  
STREET ADDRESS 2001 Bryan St. Ste 1600  
CITY-ST-ZIP Dallas Tx 75201

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:**

*Donald F. McAleenan*

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

Date

Daytime Phone #

*1/17/07 214-880-3520*