

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006247

FILED
Apr 14, 2009
Secretary of State

Entity Name: FLORIDA BUILDING PRODUCTS, LLC

Current Principal Place of Business:

4500 PGA BOULEVARD
STE 400
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

100 BLOOMFIELD HILLS PKWY
STE 300
BLOOMFIELD HILLS, MI 48304 US

Current Mailing Address:

100 BLOOMFIELD HILLS PARKWAY, STE. 300
BLOOMFIELD HILLS, MI 48304

New Mailing Address:

100 BLOOMFIELD HILLS PKWY
STE 300
BLOOMFIELD HILLS, MI 48304 US

FEI Number: 20-3768875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KOON, DAVID A
Address: 4901 VINELAND ROAD STE 120
City-St-Zip: ORLANDO, FL 32811

Title: MGR () Delete
Name: VOHS, CHRISTOPHER J
Address: 4901 VINELAND ROAD STE 120
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: SMITH, HARMON D
Address: 1234 LAKESHORE DR STE 750A
City-St-Zip: COPPELL, TX 75019

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID A KOON

MGR

04/14/2009

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