FILED
Feb 03, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M99000000365

1. Entity Name
UNIVERSAL FOREST PRODUCTS SHOFFNER LLC

Principal Place of Business	Mailing Address
5631 S. NC 62 BURLINGTON, NC 27215	5631 SOUTH NC 62 BURLINGTON, NC 27215

000000026706
02/03/04-80018-006 50.00

01232004 No Chg-LLC CR2E083(10/03)

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4. FEI Number
56-2112240
☐ 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

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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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	UNIVERSAL FOREST PRODUCTS EASTERN DIVISION
STREET ADDRESS	2801 E. BELTLINE NE
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	VP
NAME	JAMES, DONALD L
STREET ADDRESS	5631 SOUTH NC 62
CITY-ST-ZIP	BURLINGTON, NC 27215
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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 605, Florida Statutes.

SIGNATURE: Donald L Lamb 11/23/04 3362268354
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #