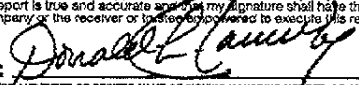


FILED
Feb 03, 2004 08:00 AM
Secretary of State

2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # M99000000365		
Entity Name UNIVERSAL FOREST PRODUCTS SHOFFNER LLC		
Principal Place of Business 5631 S. NC 62 BURLINGTON, NC 27215	Mailing Address 5631 SOUTH NC 62 BURLINGTON, NC 27215	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		01232004 No Chg-LLC CR2E083 (10/03) 4. FEI Number 56-2112240 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
		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 due if applicable (NOTE: Registered Agent signature required when renouncing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2004		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM UNIVERSAL FOREST PRODUCTS EASTERN DIVISION 2831 E. BELTLINE NE GRAND RAPIDS, MI 49525	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES, DONALD L 5631 SOUTH NC 62 BURLINGTON, NC 27215	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
11. I hereby certify that the information supplied with this form 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		1/23/04 3362268356 Date Daytime Phone #