


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L0100000210**

1. Entity Name  
**BANNER SUPPLY COMPANY FORT MYERS, LLC**



Principal Place of Business      Mailing Address


**2910 CARGO ST.**      **7195 NW 30TH ST**  
**FORT MYERS, FL 33916**      **MIAMI, FL 33122**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

**2910 Cargo St.**      **7195 NW 30 St.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**Fort Myers, FL 33916**      **Miami, FL**  
 Zip      Country      Zip      Country  
**33916**      **USA**      **33122**      **USA**



04102007    Chg-LLC    CR2E083 (12/06)

4. FEI Number      Applied For  
**65-1071335**      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARTHUR, LANDERS**  
**7195 NW 30TH ST**  
**MIAMI, FL 33122**

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.

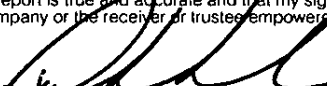
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

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

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

| 9. MANAGING MEMBERS/MANAGERS |                      |                                 | 10. ADDITIONS/CHANGES |  |   |
|------------------------------|----------------------|---------------------------------|-----------------------|--|---|
| TITLE                        | MGRM                 | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | ARTHUR, LANDERS      |                                 | NAME                  |  |   |
| STREET ADDRESS               | 7195 NW 30TH ST      |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  | MIAMI, FL 33122      |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        | MGRM                 | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | JACK, LANDERS        |                                 | NAME                  |  |   |
| STREET ADDRESS               | 7195 NW 30TH ST      |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  | MIAMI, FL 33122      |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        | MGRM                 | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         | GRASER, JON P        |                                 | NAME                  |  |   |
| STREET ADDRESS               | 2910 CARGO ST        |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  | FORT MYERS, FL 33916 |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                      | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                      |                                 | NAME                  |  |   |
| STREET ADDRESS               |                      |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                      |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                      | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                      |                                 | NAME                  |  |   |
| STREET ADDRESS               |                      |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                      |                                 | CITY-ST-ZIP           |  |   |
| TITLE                        |                      | <input type="checkbox"/> Delete | TITLE                 |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                         |                      |                                 | NAME                  |  |   |
| STREET ADDRESS               |                      |                                 | STREET ADDRESS        |  |   |
| CITY-ST-ZIP                  |                      |                                 | 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  **ARTHUR LANDERS**      Date **4/11/07**      Daytime Phone # **3055932946**