2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# M06000001019

Entity Name: CONSOLIDATED, LLC

Current Principal Place of Business:

21 A COMMERCE STREET
WILMINGTON, DE 19801

New Principal Place of Business:

1216 D STREET
WILMINGTON, DE 19801

Current Mailing Address:

21 A COMMERCE STREET
WILMINGTON, DE 19801

New Mailing Address:

305 LENAPE FARM LN
WEST CHESTER, PA 19382

FEI Number: 20-1709058 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM ( ) Delete
Name: LARSON, TOR F
Address: 21 A COMMERCE STREET
City-St-Zip: WILMINGTON, DE 19801

Title: MGRM ( ) Delete
Name: CONSOLIDATED FABRICA, TION & CONSTRU C TORSINC
Address: 3851 ELLSWORTH STREET
City-St-Zip: GARY, IN 46408

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LARSON, TOR F
Address: 1216 D STREET
City-St-Zip: WILMINGTON, DE 19801

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

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: TOR LARSON MGRM 03/20/2009

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