2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

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Entity Name: ACE HARDWARE OF PUNTA GORDA, L.C.

Current Principal Place of Business:

208 W. MARION AVE.
PUNTA GORDA, FL 33950

New Principal Place of Business:

208 W. MARION AVE.
PUNTA GORDA, FL 33950 US

Current Mailing Address:

99 NEBIT STREET
PUNTA GORDA, FL 33950

New Mailing Address:

C/O JACK O. HACKETT II
99 NESBIT STREET
PUNTA GORDA, FL 33950 US

FEI Number: 65-1064678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HACKETT, JACK O II
99 NESBIT ST.
PUNTA GORDA, FL 33950 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: BALES, STEPHEN C
Address: 208 W. MARION AVE.
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGR ( ) Delete
Name: BALES, DEBRA M
Address: 208 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BALES, STEPHEN C
Address: 208 W. MARION AVE.
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGR (X) Change ( ) Addition
Name: BALES, DEBRA M
Address: 208 W MARION AVE
City-St-Zip: PUNTA GORDA, FL 33950 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DEBRA M. BALES MGR 04/16/2007

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