

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

**FILED**  
**Feb 04, 2008 08:00 AM**  
**Secretary of State**

|                                     |                                                                                   |
|-------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT #</b> L01000008907      |  |
| <b>1. Entity Name</b><br>WILMAR LLC |                                                                                   |

|                                                                                |                                                                    |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>Principal Place of Business</b><br>1311 PALMER AVE.<br>WINTER PARK FL 32789 | <b>Mailing Address</b><br>1311 PALMER AVE.<br>WINTER PARK FL 32789 |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------|



|                                                       |                           |
|-------------------------------------------------------|---------------------------|
| <b>2. Principal Place of Business - No P.O. Box #</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                                   | Suite, Apt. #, etc.       |
| City & State                                          | City & State              |
| Zip                                                   | Country                   |

1st MOORE CR2E083 (10/07)

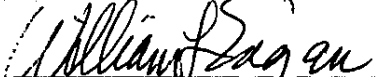
|                                                                                                                                                   |                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>4. FEI Number</b><br>NO-T APPLICABLE                                                                                                           | <b>Applied For</b><br>Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                            |                                      |
| <b>6. Name and Address of Current Registered Agent</b><br><br>ARNOLD, MATHENY & EAGAN, P.A.<br>605 E ROBINSON ST STE 73032801<br>ORLANDO FL 32802 |                                      |
| <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.**

|                                                                                                                                                           |                                                                             |             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------|
| <b>SIGNATURE</b><br><small>Signature, typed or printed name of registered agent and fee if applicable</small>                                             | <small>(NOTE: Registered Agent's signature required when reissuing)</small> | <b>DATE</b> |
| <p><b>FILE NOW!!! FEE IS \$138.75</b><br/><b>After May 1, 2008, Fee Will Be \$538.75</b><br/><b>Make Check Payable to Florida Department of State</b></p> |                                                                             |             |

| 9. MANAGING MEMBERS / MANAGERS                            |                                                                                                              | 10. ADDITIONS / CHANGES                                   |                                                                   |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRP</b><br>EAGAN, WILLIAM L<br>1311 PALMER AVE<br>WINTER PARK FL 32789 <input type="checkbox"/> Delete   | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>MGRV</b><br>EAGAN, MARJORIE Y<br>1311 PALMER AVE.<br>WINTER PARK FL 32789 <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                              | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                              | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                              | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete                                                                              | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.**

|                                                                                                                        |                                    |
|------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| <b>SIGNATURE:</b>  WILLIAM L. EAGAN | <b>JAN. 29, 2008 (407)841-1550</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>   | <small>Copy to Person</small>      |