2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007940

Entity Name: WARRENVILLE HOME CENTER, LLC

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1490 N. BELCHER RD. 2849 PUMA DRIVE

SUITE E HOLIDAY, FL 34690 US

CLEARWATER, FL 33765 US

Current Mailing Address: New Mailing Address:

1490 N. BELCHER RD. 2849 PUMA DRIVE

SUITE E HOLIDAY, FL 34690 US CLEARWATER, FL 33765 US

FEI Number: 03-0507653 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PICHMAN, ROBERT

1490 N BELCHER RD

2849 PUMA DRIVE
ROUTE F. 24600 LIS

SUITE E HOLIDAY, FL 34690 US CLEARWATER, FL 33765 US

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: WILLIAM SMITH 04/15/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 PICHMAN, ROBERT
 Name:
 PICHMAN, ROBERT

 Address:
 1490 N BELCHER RD
 Address:
 PO BOX 691

City-St-Zip: CLEARWATER, FL 33765 City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGR () Delete Title: () Change () Addition

 Name:
 SMITH, WILLIAM D
 Name:

 Address:
 2849 PUMA DR.
 Address:

 City-St-Zip:
 HOLIDAY, FL 34690
 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: ROBERT PICHMAN MGRM 04/15/2009