2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

FILED DOCUMENT # L03000009163 May 02, 2005 08:00 AM Secretary of State T. Entity Name
FW SUPPLY, LLC Mailing Address Principal Place of Business 7890 N.W. 34th St 7890 N.W. 34th St Miami, FL 33122 Miami, FL 33122 CR2E083 (10/03) 04272005 No Chg-LLC DO NOT WRITE IN THIS SPACE. Applied For 4. FEI Number 56-2333564 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE HAGEN & HAGEN, P.A. 3531 GRIFFIN RD FT LAUDERDALE, FL 33312 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title it applicable (NOTE. Registered Agent signature required when reinstaling) Filing Fee is \$50.00 Due by May 1, 2005 MANAGING MEMBERS/MANAGERS 9, MGR TITLE DORMOY, ERIC C NAME 2320 NW 147 STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33054 TITLE NAME STREET ADDRESS CITY-ST-7iP ME NAME STREET ADDRESS CITY-ST-7IP NETHIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

IGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date