


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90314 037 \*\*\*\*55.00

<b>DOCUMENT # L03000015072</b> 1. Entity Name <b>LAKEWOOD HARDWARE, L.L.C.</b>					
Principal Place of Business <b>4892 N. KINGS HIGHWAY FORT PIERCE, FL 34951</b>			Mailing Address <b>4892 N. KINGS HIGHWAY FORT PIERCE, FL 34951</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>81 EL CAMINO REAL</b>  Suite, Apt. #, etc.			
City & State 		City & State <b>PT. ST. LUCIE, FL</b>		4. FEI Number <b>42-1590723</b>	
Zip 		Country 		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
Zip <b>34952</b>		Country <b>ST LUCIE</b>		02242004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent  <b>FARRELL, RICKEY L 1595 S.E. PORT ST. LUCIE BLVD. PORT ST. LUCIE, FL 34952</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>				<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALL, THOMAS E 826 S.E. DAMASK AVENUE PORT ST. LUCIE, FL 34983			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
MGRM HALL, THOMAS E. 81 EL CAMINO REAL PT ST LUCIE, FL 34952				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
(Empty rows for additional members or changes)					
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.					
<b>SIGNATURE: <u>Thomas E. Hall</u> THOMAS E. HALL</b>				<b>2/27/04 863-634-7456</b> <small>Date Daytime Phone #</small>	