


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000021964</b> 1. Entity Name <b>BANNER SUPPLY COMPANY PORT ST. LUCIE, LLC</b>	
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Principal Place of Business <b>7195 NW 30TH ST. MIAMI, FL 33122</b>	Mailing Address <b>7195 NW 30TH ST. MIAMI, FL 33122</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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04102007 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>20-0126058</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>LANDERS, ARTHUR 7195 N.W. 30TH ST. MIAMI, FL 33122</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LANDERS, ARTHUR 7195 N.W. 30TH ST. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CARROCCE, GARY 2101 NW SETTLE AVENUE PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM LANDERS, JACK 7195 N.W. 30TH ST. MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM COFFINAS, CONSTANTINE 2101 NW SETTLE AVENUE PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

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04/26/07-80002-013 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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> <i>Jack Landers</i> <b>JACK LANDERS</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE	<b>4/11/07</b> <b>3055932946</b> Date Daytime Phone #