

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030976

FILED
Apr 22, 2008
Secretary of State

Entity Name: BROWN INDUSTRIAL DISTRIBUTORS LLC

Current Principal Place of Business:

1298 SW BILTMORE STREET
UNIT I
PORT ST.LUCIE, FL 34983 US

Current Mailing Address:

P. O. BOX 882075
PORT ST.LUCIE, FL 34988 US

New Principal Place of Business:

1290 SW BILTMORE STREET
UNIT A
PORT ST.LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 51-0478790 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOREHAND, BENJAMIN T
1298 SW BILTMORE STREET
UNIT I
PORT ST. LUCIE, FL 34983 US

Name and Address of New Registered Agent:

FOREHAND, BENJAMIN T
1290 SW BILTMORE STREET
UNIT A
PORT ST. LUCIE, FL 34983 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: BENJAMIN T. FOREHAND

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOREHAND, BENJAMIN T
Address: P.O. BOX 882075
City-St-Zip: PORT ST. LUCIE, FL 34988 US

Title: MGRM () Delete
Name: FOREHAND, ANNEMARIE
Address: P.O. BOX 882075
City-St-Zip: PORT ST. LUCIE, FL 34988 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: BENJAMIN T. FOREHAND

MGRM

04/22/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date