


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000032437</b><br>1. Entity Name<br><b>HAGAN ACE HARDWARE OF ANASTASIA, LLC</b> |  |
|---|---|

|  |   |
|--|---|
| Principal Place of Business<br><b>3033 A1A SOUTH<br/>SAINT AUGUSTINE, FL 32080</b> | Mailing Address<br><b>3050 US 1 SOUTH<br/>SAINT AUGUSTINE, FL 32086</b> |
|--|---|

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02222006 No Chg-LLC

CR2E083 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>16-1682196</b> | Applied For<br><input type="checkbox"/> 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

**HAGAN, DONALD W  
1022 BLANDING BLVD.  
ORANGE PARK, FL 32065**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
Due by May 1, 2006**

| 9. MANAGING MEMBERS/MANAGERS                   |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HAGAN, DONALD W<br>1022 BLANDING BLVD.<br>ORANGE PARK, FL 32065   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>HAMRICK, STEWART L<br>1022 BLANDING BLVD.<br>ORANGE PARK, FL 32065 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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03/18/06-80030-015 50.00

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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 609, Florida Statutes.

**SIGNATURE:** Donald W. Hagan 3/2/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #