## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000032441**

1. Entity Name

HAGAN ACE HARDWARE OF PALATKA, LLC



FILED Mar 02, 2005- 08:00 AM Secretary of State

Principal Place of Business

141 HWY 17 SOUTH EAST PALATKA, FL 32131 Mailing Address

3050 US 1 SOUTH

SAINT AUGUSTINE, FL 32086



02142005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 16-1682191 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 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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	named entity submits this statement for the purpose of changi tions of registered agent.	ing its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agons signature required when reinstating)	DATE
Fi	lling Fee is \$50,00 ue by May 1, 2005		U00000249344 03/02/05-80065-018-50-00
9.	MANAGING MEMBERS/MANAGERS		<del>}</del>
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGRM HAGAN, DONALD W 1022 BLANDING BLVD. ORANGE PARK, FL 32065		
TITLE NAME STREET ADDRESS CITY-SY-ZIP	MGR HAMRICK, STEWART L 1022 BLANDING BLVD. ORANGE PARK, FL 32065		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY -ST-ZIP		IN T	HIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			· -:
TITLE		1	

11. It hereby certify that the information supplied with this filling 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 postee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR ASTROPHED REPRESENTATIVE

2/28/05 904 797 917

Daytime Phone #