2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

May 03, 2004 8:00 am Secretary of State **DOCUMENT # L03000047567** 1. Entity Name 05-03-2004 90116 023 ****50.00 EKBERG CONSTRUCTION SUPPLY, LLC Principal Place of Business Mailing Address 11814 KEATS DRIVE 11814 KEATS DRIVE LEESBURG FL 34788 LEESBURG FL 34788 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Zip Žip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EKBERG, JAMES A 11814 KEATS DRIVE Street Address (P.O. Box Number is Not Acceptable) LEESBURG FL 34788 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME EKBERG, JAMES A NAME STREET ADDRESS STREET ADDRESS 11814 KEATS DRIVE LEESBURG FL 34788 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition FITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS

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GNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

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.

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