2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000018514

Entity Name: CAPITOL SUPPLY LLC

1060 NW 72ND TERRACE

MARGATE, FL 33063

Address:

City-St-Zip:

FILED Mar 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1000 SAWGRASS CORPORATE PARKWAY ST. 452 SUNRISE, FL 33323 **New Mailing Address: Current Mailing Address:** 1000 SAWGRASS CORPORATE PARKWAY ST. 452 SUNRISE, FL 33323 US FEI Number: 20-0959541 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: STEINMAN, ROBERT 1000 SAWGRASS CORPORATE PARKWAY ST. 452 SUNRISE, FL 33323 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete STEINMAN, ROBERT Name: Name: Address: 1944 CLASSIC DRIVE Address: City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: STEINMAN, HARRY Name: Address: 7437 VIALE MICHELANGELO Address: City-St-Zip: DELRAY BEACH, FL 33446 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition STEELE, JOAN Name: Name:

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.

Address:

City-St-Zip:

SIGNATURE: ROBERT J STEINMAN MGRM 03/17/2009