

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092804

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: A BUILDER'S RESOURCE, L.L.C.

**Current Principal Place of Business:**

30 TURNER STREET, SUITE 802  
CLEARWATER, FL 33756

**New Principal Place of Business:**

30 TURNER STREET  
SUITE 802  
CLEARWATER, FL 33756

**Current Mailing Address:**

611 SOUTH FORT HARRISON AVE.,  
332  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 20-8952254      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DANIELS, DEBORAH J  
611 SOUTH FORT HARRISON AVE.  
332  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR ( ) Delete  
Name: DANIELS, DEBORAH J  
Address: 611 SOUTH FORT HARRISON AVE., SUITE 332  
City-St-Zip: CLEARWATER, FL 33756

Title: MGRM ( ) Delete  
Name: DANIELS, RONALD V  
Address: 611 SOUTH FORT HARRISON AVE., SUITE 332  
City-St-Zip: CLEARWATER, FL 33756

**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: RONALD V DANIELS

MGRM

04/16/2009

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