## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121967

Entity Name: LIKE FATHER LIKE SON SUPPLY, LLC

FILED Apr 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

305 ORANGE AVENUE 301 ORANGE AVENUE FORT PIERCE, FL 34950 FORT PIERCE, FL 34950

Current Mailing Address: New Mailing Address:

305 ORANGE AVENUE 301 ORANGE AVENUE FORT PIERCE, FL 34950 FORT PIERCE, FL 34950

FEI Number: 45-0548362 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:

GIOVANNETTI, LYNNE M
305 ORANGE AVENUE
FORT PIERCE, FL 34950 US
GIOVANNETTI, LYNNE M
301 ORANGE AVENUE
FORT PIERCE, FL 34950 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: LYNNE M GIOVANNETTI 04/21/2007

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title:MGR () DeleteTitle:MGR (X) Change () AdditionName:GIOVANNETTI, LYNNE MName:GIOVANNETTI, LYNNE MAddress:305 ORANGE AVENUEAddress:301 ORANGE AVENUECity-St-Zip:FORT PIERCE, FL 34950City-St-Zip:FORT PIERCE, FL 34950

Title: ( ) Delete Title: MGR ( ) Change (X) Addition Name: GIOVANNETTI, NICHOLAS J Address: Address: 301 ORANGE AVE City-St-Zip: FT. PIERCE, FL 34950 US

I hereby certify that the information supplied with this filing does not qualify for the 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: LYNNE M GIOVANNETTI MGR 04/21/2007