2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L08000043767

Entity Name: MEDALIST BUILDING SUPPLIES LLC

Current Principal Place of Business:

3475 SW FEROE AVE
PALM CITY, FL 34990

New Principal Place of Business:

4247 SW HIGH MEADOWS AVE
PALM CITY, FL 34990

Current Mailing Address:

3475 SW FEROE AVE
PALM CITY, FL 34990

New Mailing Address:

PO OFFICE BOX
PALM CITY, FL 34991

FEI Number: 26-2658406 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEMASTER, JEREMY D
3475 SW FEROE AVE
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

LEMASTER, JEREMY D
942 SW 30TH STREET
PALM CITY, FL 34990 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: _____ 01/15/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: LEMASTER, JEREMY D
Address: 3475 SW FEROE AVE
City-St-Zip: PALM CITY, FL 34990

Title: MGRM (X) Delete
Name: LEMASTER, JESSICA M
Address: 3475 SW FEROE AVE
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: LEMASTER, JESSICA M
Address: 942 SW 30TH STREET
City-St-Zip: PALM CITY, FL 34990

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: JESSICA M. LEMASTER MGRM 01/15/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date