2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

Mar 29, 2007 8:00 am Secretary of State 03-29-2007 90177 005 ****50.00

DOCUMENT # L98000002930

1. Entity Name HAGAN ACE HARDWARE OF MACCLENNY, L.L.C.											
Principal Plac 409 WEST M MACCLENNY	ACCLENNY A	AVE	Mailing Address 1022 BLANDING BLVD. ORANGE PARK, FL 32065				60030246				
2. Principal P	Place of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03012007	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State				4. FEI Numb 59-354				oplied For ot Applicable
Zip			Zip	Coun	try			of Status Desire		\$5.00 Add Fee Required	
	6. Name	and Address of Current R	legistered Agent				7. Name and	Address of Ne	w Registered	Agent	
HAGAN, D 1022 BLAI ORANGE	NDING BL	.VD.	Street Addre		ddress (P	.O. Bax Numb	er is Not Accept	able)			
			City						FL	Zip Code	e
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.											
SIGNATURESignature. typed or printed name of registered agent and title if applicable. {NOTE: Registered Agent signature required when reinstating} DATE											
, FI	iling Fee i ue by Ma	s \$50.00 y 1, 2007							fake check j rida Departn	-	9
9. MANAGING MEME			S/MANAGERS				ADDITIO	NS/CHANGES	3		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAGAN, DONALD W 615896 RIVER RD. CALLAHAN, FL 32011		☐ Delete		i			•		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete		I					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		I					☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP			☐ Delete	CITY	ET ADDRESS -St-zip					☐ Change	☐ Addition
11. I hereby of indicated	certify that the	e information supplied with the	this filing does not qualify for hat my signature shall have t	the exe	mptions co	ntained in	Chapter 119,	Florida Statutes	I further certif	y that the info	rmation

ver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

BER MANAGER, OR AUTHORIZED REPRESENTATIVE