2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# M02000000921

Entity Name: JACKSONVILLE MSA SUPPLY, LLC

Current Principal Place of Business:

5565 GLENRIDGE CONNECTOR
1725B
ATLANTA, GA 30342

New Principal Place of Business:

1025 LENOX PARK BLVD NE
SUITE 5D46
ATLANTA, GA 30319

Current Mailing Address:

5565 GLENRIDGE CONNECTOR
1725B
ATLANTA, GA 30342

New Mailing Address:

1025 LENOX PARK BLVD NE
SUITE 5D46
ATLANTA, GA 30319

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

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: JACKSONVILLE MSA LIMITED PARTNERSHIP
Address: 5565 GLENRIDGE CONNECTOR, STE 1725B
City-St-Zip: ATLANTA, GA 30342

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: JACKSONVILLE MSA LIMITED PARTNERSHIP
Address: 1025 LENOX PARK BLVD NE STE 5D46
City-St-Zip: ATLANTA, GA 30319

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: CAROLYN WILDER AS 04/27/2009

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