


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000012437**

1. Entity Name  
 30TH STREET WAREHOUSE, L.L.C.



Principal Place of Business  
 300 EAST STATE STREET  
 JACKSONVILLE, FL 32202

Mailing Address  
 300 EAST STATE STREET  
 JACKSONVILLE, FL 32202

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-LLC CR2E083 (11/05)

4. FEI Number  
 59-2729102 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUSS, JOHN S IV., ESQ  
 FORD JETER BOWLUS DUSS MORGAN KENNEY & SAF  
 10110 SAN JOSE BOULEVARD  
 JACKSONVILLE, FL 32202

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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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	EASTON, SAMUEL M JR
STREET ADDRESS	300 EAST STATE STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32202
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01052006-80021-004 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Samuel M. Easton Date: 1/16/06 Daytime Phone #: 904 376 4444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE