2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 05, 2007 08:00 AM Secretary of State

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1. Entity Name

30TH STREET WAREHOUSE, L.L.C.



Principal Place of Business

Mailing Address

300 EAST STATE STREET JACKSONVILLE, FL 32202

300 EAST STATE STREET JACKSONVILLE, FL 32202



DO NOT WRITE IN THIS SPACE

01122007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-2729102

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

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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| | ve named entity submits this statement for the purpose of chang ations of registered agent. | ing its registered office or registered agent, or bo | oth, in the State of Florida. | I am familiar with, and accept |
|----------|--|--|-------------------------------|--------------------------------|
| SIGNATUR | Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | | DATE |

Filing Fee is \$50.00 Due by May 1, 2007

| 9. | MANAGING MEMBERS/MANAGERS |
|---------------------------------------|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EASTON, SAMUEL M JR 300 EAST STATE STREET JACKSONVILLE, FL 32202 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| NAME STREET ADDRESS CITY-ST-ZIP | |

U00000620069 02/09/07-80022-008 50.00

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11. I hereby certify that the information supplied with this filling 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:

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

19 Jan 07

Daytime Phone #