2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED DOCUMENT # A96000002348 4150 WAREHOUSE, LTD. 2007 MAR 19 AM 9: 28 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA **5603 CHUMUCKLA HIGHWAY** P.O. BOX 3622 PACE, FL 32571 MILTON, FL 32572-3622 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02202007 CR2E003 (12/06) Applied For City & State City & State 4. FEI Number 59-6145645 Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARCUS, HAROLD E JR. Street Address (P.O. Box Number is Not Acceptable) 5603 CHÚMUCKLA HWY PACE, FL 32571 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION 13. P96000101779 DOCUMENT # STREET ADDRESS NAME 4150 WAREHOUSE MANAGEMENT, INC. STREET ADDRESS 5009 CHUMUCKLA HIGHWAY Delete CITY-ST-ZIP CITY-ST-ZIP PACE EL 32571 P04000029108 DOCUMENT # STREET ADDRESS Blount Street Management, Inc. STREET ADDRESS P.O. Box 3622 CITY-ST-ZIP milton, FL 32572.3622 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS City-ST-ZIP CITY-ST-7IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADORESS CHECK NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER SIGNATURE: