

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90187 042 ****55.00

DOCUMENT # L02000031491

1. Entity Name

PALM BAY WAREHOUSE #2, L.L.C.



DO NOT WRITE IN THIS SPACE

30063808

2. Principal Place of Business 2770 Indian River Blvd. Suite, Apt. #, etc.		3. Mailing Address 2770 Indian River Blvd. Suite, Apt. #, etc.	
Suite 312 City & State Vero Beach, Florida		Suite 312 City & State Vero Beach, Florida	
Zip 32960	Country U.S.A.	Zip 32960	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2808764	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name Mark J. Bryn	
Street Address (P.O. Box Number is Not Acceptable) 2 South Biscayne Blvd., Suite 2680	
City Miami	FL Zip Code 33131

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Sydonia Nacron 10155 Collins Avenue Bal Harbour, Florida 33154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Robert Nacron 10521 SW 123rd St Miami, Florida 33176	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Jacob Brodzki 4721 28th Avenue Fort Lauderdale, Florida 33308	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E08:10 (12/02)