2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

Mar 15, 2007 08:00 A **DOCUMENT # A95000001488 Secretary of State** HUB WAREHOUSE PROPERTIES, LTD. Principal Place of Business Mailing Address 6730 EPPING FOREST WAY NORTH #107 6730 EPPING FOREST WAY NORTH #107 JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32217 01062007 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3339844 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent POLLAK, LEWIS B SR DO NOT WRITE 8730 EPPING FOREST WAY, N. #107 PENSACOLA, FL 32507 IN THIS SPACE 3. 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, typed or printed nerve of registered agent and title if applicable. U00000668264 93/27/07-80021-015 500**.0**0 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. GENERAL PARTNER INFORMATION 12. DOCUMENT# P95000075958 LBP WAREHOUSE MANAGEMENT, INC. NAME STREET ADDRESS 6730 EPPING FOREST WAY NORTH #107 CITY-ST-ZIP JACKSONVILLE, FL 32217 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # DO NOT WRITE STREET ADDRESS CITY-ST-ZP IN THIS SPACE OCCUMENT # NAME STREET ADDRESS CITY-ST-ZP ODCLIMENT # NAME STREET ACCRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

14. I hereby certify that the information supplied with this liting does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information inclicated 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:

CITY-ST-ZIP

Lew B. Pollaner

3/8/01

9047323045

FILED