

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000002610

FILED
Jul 01, 2005
Secretary of State

Entity Name: OSTLUND WAREHOUSES, LLC

Current Principal Place of Business:

PMB 126
13015 S.W. 89TH PL
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

PMB 126
13015 S.W. 89TH PL
MIAMI, FL 33176

New Mailing Address:

FEI Number: 65-1128413 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

OSTLUND, MARY A MANAGER
PMB 126
13015 SW 89 PL
MIAMI, FL 33176 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OSTLUND, MARY A
Address: PMB 126, 13015 SW 89 PLACE
City-St-Zip: MIAMI, FL 33176

Title: MGR () Delete
Name: OSTLUND, GRANT
Address: 131 BAKERS ACRE DR.
City-St-Zip: HAWTHORNE, FL 32640

Title: MGR () Delete
Name: OSTLUND, HOLLY L
Address: 13118 SW 90 PL
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARY A OSTLUND

MGRM

07/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date