2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2006
Secretary of State

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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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:	MGR (X) Change ( ) Addition
Name:	OSTLUND, HOLLY L
Address:	PMB 126, 13015 SW 89 PLACE
City-St-Zip:	MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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 MGR 01/10/2006

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