2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000005082

1. Entity Name

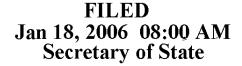
Principal Place of Business

US 1 DISTRIBUTION CENTER, L.L.C.



Mailing Address

300 EAST STATE STREET
ACKSONVILLE, FL 32202
300 EAST STATE STREET
ACKSONVILLE, FL 32202





DO NOT WRITE IN THIS SPACE

01052006No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	
	59-3712740	,

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD JETER BOWLUS DUSS & MORGAN P.A. 10110 SAN JOSE BOULEVARD JACKSONVILLE, FL 32257

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. (am familiar with, and accept the obligations of registered agent.							
SIGNATURE		(NOTE Beginner	Agent signature required when reinstating)	DATE	<u> </u>		
Signature, typed or printed name of registered agent and title it applicable.		(NOTE: Registered Again any return of man remaining)			* -		
Filing Fee is \$50.00 Due by May 1, 2006							
9.	MANAGING MEMBERS/MANAGERS		.=:	-			
TITLE	MGRM						
NAME (EASTON, SAMUEL M	·					
STREET ADDRESS	300 E. STATE ST.						
CITY-ST-ZIP	JACKSONVILLE, FL 32202		 -				
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	codify that the information eventiad with this filing does not	qualify for the eve	motions contained in Chapter 119 Florida	Statutes I further certify that the info	rmation		
11. 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 eath; that I am a managing member or manager of the limited liability company or the receiver or trustee emowered to execute this report as required by Chapter 608, Florida Statutes.							

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE