2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000019023

1. Entity Name
WAELTI WAREHOUSES, LLC

FILED
May 03, 2004 08:00 AM
Secretary of State

Principal Place of Business 1395 SAN CORTEZ AVENUE, N.E. Mailing Address

1395 SAN CORTEZ AVENUE, N.E. PALM BAY, FL 32907 1395 SAN CORTEZ ÄVENUE, N.E. PALM BAY, FL. 32907

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04282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, KEVIN J 1395 SAN CORTEZ AVENUE, N.E. PALM BAY, FL 32907

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8. The above the obligati	named entity submits this statement for the purpose of changions of registered agent.	ging its registered office or registered agent, or bo	oth, in the State of Flonda. I am familiar with, and accept
SIGNATURE_		<u> </u>	
#1 #1 1 1 1 1 mm	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when rehistating)	DATE
Fi Di	iling Fee is \$50.00 ue by May 1, 2004		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, KEVIN J 1395 SAN CORTEZ AVENUE, N.E. PALM BAY, FL 32907		U00000153284 05/04/04-80122-008 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			03/04/04 00122 000 30.30
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TITLE NAME STREET ADDRESS			;

11. I hereby certify that the information supplied with this filling 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

URE: KUTTURE AND TYPED OR PRINTED NAME OF SIGNING MANAGRIG MEMBER, OR AUTHORIZED REPRESENTATIVE

Kimiller Poes

4-28-04

Daytime Phone #