


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2004 8:00 am
Secretary of State

03-01-2004 90315 013 ****50.00

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| DOCUMENT # L01000019976 | |  |
| 1. Entity Name HODELL WAREHOUSE COMPANY, L.L.C. | | |

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|---|---|
| Principal Place of Business 2601 E 2ND AVENUE TAMPA, FL 33605 | Mailing Address 2601 E 2ND AVENUE TAMPA, FL 33605 |
|---|---|

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|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|---|-------------------------------|
| 02052004 Chg-LLC CR2E083 (10/03) | |
| 4. FEI Number 59-3760000 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |

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|---|--|
| 6. Name and Address of Current Registered Agent | |
| NOLAN, MICHAEL J ESQ. CARLTON FIELDS, PA-STE 500, ONE HARBOUR PL 777 S. HARBOUR ISLAND BLVD. TAMPA, FL 33602 | |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

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| 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. I am familiar with, and accept the obligations of registered agent. | |
| SIGNATURE | DATE |
| (NOTE: Registered Agent signature required when reinstating) | |

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|---|-------------------------------|---------------------------------|--|--|---|--|--|
| Filing Fee is \$50.00 Due by May 1, 2004 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | NOSKOWICZ, HOWARD | | | NAME | | | |
| STREET ADDRESS | 1750 UNIVERSITY DRIVE STE 211 | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | | | CITY-ST-ZIP | | | |
| TITLE | MGRM | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | DAHL, DARRELL A JR | | | NAME | | | |
| STREET ADDRESS | 2601 E 2ND AVENUE | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | TAMPA, FL 33605 | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | NAME | | | |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | CITY-ST-ZIP | | | |

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| 11. I hereby certify that the information supplied with this filing 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: <i>Howard Noskowitz</i> | | 813 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | 870 0340 | |
| | | Date | |
| | | Daytime Phone # | |