


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 11, 2005 8:00 am
Secretary of State

05-11-2005 90030 037 ****50.00

DOCUMENT # <u>L02000016744</u>	
1. Entity Name <u>Kornegay - Whittaker Warehouse #3, L.L.C.</u>	

DO NOT WRITE IN THIS SPACE

20058464

2. Principal Place of Business <u>1005 Capital Circle NW</u>		3. Mailing Address <u>P.O. Box 38579</u>	
Suite, Apt. #, etc. <u></u>		Suite, Apt. #, etc. <u></u>	
City & State <u>Tallahassee FL</u>		City & State <u>Tallahassee FL</u>	
Zip <u>32304</u>	Country <u>U.S.A.</u>	Zip <u>32315</u>	Country <u>U.S.A.</u>

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number <u></u>		Applied For <u></u>
			Not Applicable <u></u>
	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
	7. Name and Address of Current Registered Agent		
	Name <u>R.W. Kornegay</u>		
	Street Address (P.O. Box Number is Not Acceptable) <u>1005 Capital Circle NW</u>		
	City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32304</u>		

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

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>R.W. Kornegay</u> <u>1005 Capital Circle NW</u> <u>Tallahassee, FL 32304</u>	TITLE NAME STREET ADDRESS 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:

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

Date

Daytime Phone #

4-29-05

575-2083

CR2E083B (12/02)