


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 11, 2008 08:00 AM
Secretary of State

| | |
|--|---|
| DOCUMENT # L02000016744 1. Entity Name KORNEGAY - WHITTAKER WAREHOUSE #3, L.L.C. |  |
|--|---|



01072008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 06-1703939 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

**KORNEGAY, ROBERT W
320 ELOISE STREET
TALLAHASSEE, FL 32312**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE
02/19/08

02/19/08-80049-010 138.75

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR KORNEGAY, ROBERT W 1005 CAPITAL CIR NW TALLAHASSEE, FL 32304 |
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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 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 OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2-8-08