



**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L02000016758</b>		
1. Entity Name <b>KORNEGAY - WHITTAKER WAREHOUSE #2, L.L.C.</b>		
Principal Place of Business 1017 CAPITAL CIRCLE NW TALLAHASSEE, FL 32304		Mailing Address P.O. BOX 38579 TALLAHASSEE, FL 32315
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>BK</b>	
City & State		City & State
Zip	Country	Zip Country

**FILED**  
07 MAY 14 AM 9:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02062007 Chg-LLC CR2E083 (12/06)

4. FEI Number **30-0172813** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KORNEGAY, ROBERT W <del>1005 CAPITAL CIRCLE NW</del> <b>320 Eloise ST</b> TALLAHASSEE, FL <del>32304</del> <b>32312</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City <b>FL</b> Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>BK</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KORNEGAY, ROBERT W 1005 CAPITAL CIRCLE NW TALLAHASSEE, FL 32304	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200103047392</b> <b>05/23/07--01006--011 **50.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Robert W. Kornegay

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