


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90089 005 ***143.75

DOCUMENT # L02000031491					
1. Entity Name PALM BAY WAREHOUSE #2, L.L.C.					
Principal Place of Business 333-17TH ST STE 2E VERO BEACH, FL 32960			Mailing Address 333-17TH ST STE 2E VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2808764	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BRYN, MARK J 2 SOUTH BISCAYNE BLVD., SUITE 2680 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NACRON, SYDONIA 10155 COLLINS AVENUE, APT 704 BAL HARBOUR, FL 33154	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR NACRON, ROBERT 10521 SW 123RD ST MIAMI, FL 33176	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRODZKI, JACOB 4719 ASTON GARDENS COURT, APT 202 PARKLAND, FL 33076	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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	
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	
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: <u>Property Manager</u> 3-11-08 772-778-4885					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

60017655



03112008 Chg-LLC CR2E083 (12/06)

PONAN PARTNERSHIP
2824 PALM BEACH BLVD
FORT MYERS, FL 33916

1240
63-215/631

DATE 3/12/08

PAY
TO THE
ORDER OF

Florida Department of State -

\$ 138.75

one hundred thirty eight & 75/100 -

DOLLARS



Money Market Account


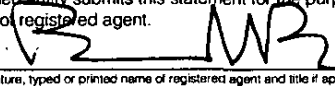
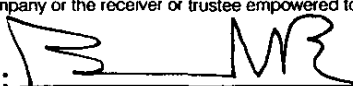
ACH RT 061000104

FOR Annual Fee LLC Report

Paul M. R.

⑈001240⑈ ⑆063102152⑆1000009840405⑈

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000024065					
1. Entity Name PONAN PARTNERS, LLC					
Principal Place of Business 2069 WEST THIRD STREET CLEVELAND, OH 44113 US			Mailing Address 2069 WEST THIRD STREET CLEVELAND, OH 44113 US		
2224 2324					
2. Principal Place of Business - No P.O. Box # 2824 Palm Beach Blvd.		3. Mailing Address 2824 Palm Beach Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Fort Myers, FL.		City & State Fort Myers, FL.		4. FEI Number 65-0647456	
Zip 33916		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MCBRIDE, GERALD ESQ 2824 PALM BEACH BLVD FORT MYERS, FL 33916		Name McBride, Brian A.			
		Street Address (P.O. Box Number is Not Acceptable) 2824 Palm Beach Blvd.			
		City Fort Myers, FL Zip Code 33916			
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 		Brian A. McBride, Manager 3/7/08			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCBRIDE, BRIAN A 2069 WEST THIRD STREET CLEVELAND, OH 44113		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR McBride, Brian A. 2824 Palm Beach Blvd. Fort Myers, FL. 33916	
	<input type="checkbox"/> Delete			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
				<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: 		Brian A. McBride		239-479-5555	
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	