


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
4. May 14, 2004 8:00 am
Secretary of State

04-30-2004 90059 030 ****50.00

DOCUMENT # L03000000450			
1. Entity Name METRO DISTRIBUTION CENTER, LLC			
Principal Place of Business 12651 MCGREGOR BLVD., #1-101 FORT MYERS, FL 33919		Mailing Address % ROBERT D. ROYSTON, JR./COSTELLO, SIMS PO DRAWER 60205 FORT MYERS, FL 33906	
2. Principal Place of Business CB Richard Ellis		3. Mailing Address	
Suite, Apt. #, etc. 8771 College Parkway		Suite, Apt. #, etc.	
City & State Suite 101		City & State	
Zip Fort Myers, FL 33919 USA	Country USA	Zip	Country
4. FEI Number 14-1872311		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent ROYSTON, ROBERT D JR. 12670 NEW BRITTANY BLVD., SUITE 101 FORT MYERS, FL 33907		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		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		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Managing Member
STREET ADDRESS		STREET ADDRESS	Randal L. Mercer
CITY-ST-ZIP		CITY-ST-ZIP	8771 College Parkway, Suite 101 Fort Myers, FL 33919
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Managing Member
STREET ADDRESS		STREET ADDRESS	Stanley A. Stouder
CITY-ST-ZIP		CITY-ST-ZIP	8771 College Parkway, Suite 101 Fort Myers, FL 33919
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	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.3(b), 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>[Signature]</i>		Date: 4/9/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #: 239.481.3800	

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