

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-02-2004 90252 027 ****50.00

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01052004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000003893					
1. Entity Name LONESTAR WAREHOUSE INVESTORS, LLC					
Principal Place of Business 2050 FORBES STREET JACKSONVILLE, FL 32204			Mailing Address 2050 FORBES STREET JACKSONVILLE, FL 32204		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 27-0044888	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
RODANTE, SAM.W. 2050 FORBES STREET JACKSONVILLE, FL 32204				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 _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member-treasurer ☐ Delete SAM.W. RODANTE 2050 Forbes St. JACKSONVILLE, FL 32204				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member - President ☐ Delete DAVID A. KENNEDY 2910 W. BAY TO BAY BLVD TAMPA, FL 33629				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President ☐ Delete NOEL KILE 7350 S. TAMiami Trl SARASOTA, FL 34231				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Delete FRANK FOSTER P.O. Box 2762 LAKELAND, FL 33806				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President ☐ Delete LYNN ARRINGTON 2380 Palms Rd. TALLAHASSEE, FL 32308				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary ☐ Delete DONNA JENKINS 2910 W. BAY TO BAY BLVD TAMPA, FL 33629				
10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: _____ Treasurer MANAGING MEMBER 1-6-2004 904 384-7761 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					