


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90027 003 ****50.00

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 2008 Riverside AVE		3. Mailing Address 2008 Riverside AVE	
Suite, Apt. #, etc. Suite 100		Suite, Apt. #, etc. Suite 100	
City & State JACKSONVILLE FL		City & State JACKSONVILLE FL	
Zip 32204	Country FL	Zip 32204	Country FL
6. Name and Address of Current Registered Agent RODANTE, SAM W 2050 FORBES STREET JACKSONVILLE FL 32204		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 \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RODANTE, SAM W 2050 FORBES ST. JACKSONVILLE FL 32204 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Rodante, SAM W 2008 Riverside AVE suite 100 JACKSONVILLE FL 32204 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KENNEDY, DAVID A 2910 W. BAY TO BAY BLVD. TAMPA FL 33629 <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	VP KILE, NOEL 7350 S. TAMiami TRAIL SARASOTA FL 34231 <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	VP FOSTER, FRANK PO BOX 2762 LAKELAND FL 33806 <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	VP ARINGTON, LYNN 2380 POTTS RD. TALLAHASSEE FL 32308 <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	S JENKINS, DONNA 2910 W. BAY TO BAY BLVD. TAMPA FL 33629 <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 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: SAM W. RODANTE **3-28-05** **904-384-9961**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #