## 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

## DOCUMENT# L03000003893

Entity Name: LONESTAR WAREHOUSE INVESTORS, LLC

FILED Nov 03, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2008 RIVERSIDE AVE SUITE 100 JACKSONVILLE, FL 32204

Current Mailing Address: New Mailing Address:

2008 RIVERSIDE AVE SUITE 100 JACKSONVILLE, FL 32204

FEI Number: 27-0044888 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RODANTE, SAM W 2008 RIVERSIDE AVE SUITE 100 JACKSONVILLE, FL 32204 US

MANAGING MEMBERS/MANAGERS:

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

## Electronic Signature of Registered Ager

## ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: VPST (X) Change ( ) Addition Name: RODANTE, SAM W Name: RODANTE, SAM W

 Address:
 2008 RIVERSIDE AVE, SUITE 100
 Address:
 2008 RIVERSIDE AVE, SUITE 100

 City-St-Zip:
 JACKSONVILLE, FL 32204
 City-St-Zip:
 JACKSONVILLE, FL 32204

Title: MGRM ( ) Delete Title: P (X) Change ( ) Addition

Name: KENNEDY, DAVID A Name: KENNEDY, DAVID A

Address: 3410 HENDERSON BLVD SUITE 200 Address: 3410 HENDERSON BLVD SUITE 200

City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 KILE, NOEL
 Name:

 Address:
 7350 S. TAMIAMI TRAIL
 Address:

 City-St-Zip:
 SARASOTA, FL 34231
 City-St-Zip:

Title: VP ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FOSTER, FRANK
 Name:

 Address:
 PO BOX 2762
 Address:

 City-St-Zip:
 LAKELAND, FL 33806
 City-St-Zip:

Title: VP () Delete Title: VP (X) Change () Addition

 Name:
 ARINGTON, LYNN
 Name:
 SOLOMON, LYNN

 Address:
 2380 PONS RD
 Address:
 2380 POTTS RD

City-St-Zip: TALLAHASSEE, FL 32308 City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID A. KENNEDY P 11/03/2008