



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90021 029 ****50.00

DOCUMENT # L03000015076 1. Entity Name WAREHOUSE CONDO VENTURES I, L.L.C.					
Principal Place of Business 11202 ST. JOHNS INDUSTRIAL RD #1 JACKSONVILLE, FL 32246			Mailing Address 11202 ST. JOHNS INDUSTRIAL RD #1 JACKSONVILLE, FL 32246		
2. Principal Place of Business 3704 St. John's Bluff Rd Suite, Apt. #, etc. #16 City & State Jacksonville, FL Zip 32224 Country USA		3. Mailing Address 3704 St. John's Bluff Rd Suite, Apt. #, etc. #16 City & State Jacksonville, FL Zip 32224 Country USA		20029822 	
4. FEI Number 11-3687988		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04072005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent BEARDSLEY, DALE A 4595 LEXINGTON AVENUE, SUITE 100 JACKSONVILLE, FL 32210-2058			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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WALSHAW, LARRY E 11202 ST. JOHNS INDUSTRIAL PKWY N, #1 JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Walshaw, Larry E. 3704 St. John's Bluff Rd #16 Jacksonville, FL 32224	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRADY, JIM 11202 ST. JOHNS INDUSTRIAL PKWY N #1 JACKSONVILLE, FL 32246		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Brady, James G. 3704 St. John's Bluff Rd #16 Jacksonville, FL 32224	
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	
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 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: <u>James Brady</u> <u>James Brady, mgr.</u> <u>4/8/05</u> <u>904-928-4099</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					