


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED

**Jun 13, 2005 8:00 am
Secretary of State**

05-11-2005 90030 038 ****50.00

DOCUMENT # L04000036198	
1. Entity Name Kornegay - Whittaker Warehouse #4, LLC	

DO NOT WRITE IN THIS SPACE

30009302

2. Principal Place of Business 1029 Capital Circle NW	3. Mailing Address P.O. Box 38579
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Tallahassee FL	City & State Tallahassee FL	4. FEI Number 56-2462762	Applied For <input type="checkbox"/> Not Applicable
Zip 32304	Country U.S.A.	Zip 32315	Country U.S.A.
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name R.W. Kornegay
Street Address (P.O. Box Number is Not Acceptable) 1005 Capital Circle NW
City Tallahassee FL 32304

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

**FILE IS \$60.00
Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP R.W. Kornegay 1005 Capital Circle NW Tall, FL 32304	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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**DO NOT WRITE
IN THIS SPACE**

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: **R.W. Kornegay** **4-29-05** **575-2093**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E0836 (12/02)