

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083252

Entity Name: ULTRA DEPOT USA, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

4720 SALISBURY ROAD,
SUITE 205
JACKSONVILLE, FL 32256

New Principal Place of Business:

718 LANE AVENUE NORTH
JACKSONVILLE, FL 32254

Current Mailing Address:

4720 SALISBURY ROAD,
SUITE 205
JACKSONVILLE, FL 32256

New Mailing Address:

718 LANE AVENUE NORTH
JACKSONVILLE, FL 32254

FEI Number: 20-1902155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
1200 RIVERPLACE BLVD., SUITE 800
JACKSONVILLE, FL 32256 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RAPPEL, MURRAY
Address: 4720 SALISBURY ROAD, SUITE 205
City-St-Zip: JACKSONVILLE, FL 32256

Title: MGR () Delete
Name: LAFLEUR, SERGE
Address: 4720 SALISBURY ROAD, SUITE 205
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RAPPEL, MURRAY
Address: 718 LANE AVENUE NORTH
City-St-Zip: JACKSONVILLE, FL 32254

Title: MGR (X) Change () Addition
Name: LAFLEUR, SERGE
Address: 718 LANE AVENUE NORTH
City-St-Zip: JACKSONVILLE, FL 32256

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: MURRAY RAPPEL

MGR

04/30/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date