

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

17

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90139 014 \*\*\*\*50.00

<b>DOCUMENT # L06000006000</b> 1. Entity Name <b>SOUTH LANE DISTRIBUTION CENTER, LLC</b>					
Principal Place of Business <b>5353-1 RAMONA BLVD. JACKSONVILLE, FL 32205</b>				Mailing Address <b>5353-1 RAMONA BLVD. JACKSONVILLE, FL 32205</b>	
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 01212007    Chg-LLC    CR2E083 (12/06)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>LIBERA, DANIEL C 5353-1 RAMONA BLVD. JACKSONVILLE, FL 32205</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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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 submitted with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> _____			1-22-07    904-786-4700		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>					



ATTACHMENT  
30001008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 8, 2007

SOUTH LANE DISTRIBUTION CENTER, LLC  
5353-1 RAMONA BLVD.  
JACKSONVILLE, FL 32205

Subject: SOUTH LANE DISTRIBUTION CENTER, LLC

Reference Number: L06000006000

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE  
ANNUAL REPORTS SECTION

2/20/07

Called - was advised  
to check NOT APPLICABLE.

Thank you,

Dan Libera  
904-786-4700

P.O. BOX 6478 - Tallahassee, Florida 32314