


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90201 031 ****50.00

DOCUMENT # L06000053729 1. Entity Name FLORIDA DISTRIBUTION AND LOGISTICS GROUP LLC					
Principal Place of Business 100 S. ORANGE AVE. SUITE 200 ORLANDO, FL 32801			Mailing Address 100 S. ORANGE AVE. SUITE 200 ORLANDO, FL 32801		
2. Principal Place of Business - No P.O. Box # 9025 BOGGY CREEK ROAD		3. Mailing Address 9025 BOGGY CREEK ROAD			
Suite, Apt. #, etc. UNIT 7		Suite, Apt. #, etc. UNIT 7			
City & State ORLANDO, FLORIDA		City & State ORLANDO, FLORIDA		4. FEI Number 57-1237122	
Zip 32824 Country USA		Zip 32824 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, WENDY 100 S. ORANGE AVE. SUITE 200 ORLANDO, FL 32801.			7. Name and Address of New Registered Agent Name ANDERSON, WENDY Street Address (P.O. Box Number is Not Acceptable) SUITE D 1270 ORANGE AVENUE City WINTER PARK State FL Zip Code 32789		
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 reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FALCONER, RICHARD 100 S. ORANGE AVE. SUITE 200 ORLANDO, FL 32801		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 17308 BRIGHT STONE COURT CHARLOTTE, NORTH CAROLINA 28277	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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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 supplied 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.					
SIGNATURE: RICHARD A. FALCONER			Date 2-1-07		Daytime Phone # 704-248-1640