


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90355 008 \*\*\*\*50.00

<b>DOCUMENT # L06000091651</b>	
1. Entity Name <b>SHADICK WAREHOUSE PARTNERS, LLC</b>	

Principal Place of Business <b>2574 SOUTH VOLUSIA AVENUE ATTN: JOHN WANAMAKER ORANGE CITY, FL 32763</b>	Mailing Address <b>2574 SOUTH VOLUSIA AVENUE ATTN: JOHN WANAMAKER ORANGE CITY, FL 32763</b>
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2. Principal Place of Business - No P.O. Box # <b>1019 Town Center Drive</b> Suite, Apt. #, etc. <b>Suite 200</b>	3. Mailing Address <b>1019 Town Center Drive</b> Suite, Apt. #, etc. <b>Suite 200</b>
City & State <b>Orange City Florida</b>	City & State <b>Orange City Florida</b>
Zip <b>32763</b>	Zip <b>32763</b>
Country	Country




03132007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-5609053</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>WANAMAKER, JOHN 2574 SOUTH VOLUSIA AVENUE ORANGE CITY, FL 32763</b>	7. Name and Address of New Registered Agent Name <b>Same</b> Street <b>1019 Town Center Drive</b> City <b>Orange City, Florida 32763</b> Zip Code
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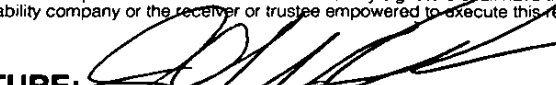
8. The above named entity submits this statement for the purpose of changing its registered office the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **3/14/07**

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE <b>MGR</b>	<input type="checkbox"/> Delete	TITLE <b>Same</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WANAMAKER, JOHN</b>		NAME <b>Same</b>	
STREET ADDRESS <b>2574 SOUTH VOLUSIA AVENUE</b>		STREET ADDRESS <b>1019 Town Center Drive</b>	
CITY-ST-ZIP <b>ORANGE CITY, FL 32763</b>		CITY-ST-ZIP <b>Orange City, Florida 32763</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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  DATE **3-17-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE