2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 09, 2008 8:00 am
Secretary of State

05-06-2008 90006 022 ***138.75

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04162008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000093599

1. Entity Name
ULMERTON INDUSTRIAL MART II, LLC

Principal Place of Business	Mailing Address
9380 ULMERTON ROAD CLEARWATER, FL 33771	~~9380 ULMERTON ROAD~~ ~~CLEARWATER, FL 33771~~

2. Principal Place of Business - No P.O. Box #	3. Mailing Address PO BOX 3311
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State SEMINOLE, FL ~~33775~~
Zip / Country	Zip 33775 / Country USA

4. FEI Number 26-0894815 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SADORF, RICK W 1744 N. BELCHER ROAD, SUITE 150 CLEARWATER, FL 33765	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	THREE D MILLER, LLC	NAME	
STREET ADDRESS	~~9380 ULMERTON ROAD~~	STREET ADDRESS	PO BOX 3311
CITY-ST-ZIP	~~CLEARWATER, FL 33771~~	CITY-ST-ZIP	SEMINOLE, FL 33775
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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: _____ 4/16/08 727-586-0599
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #