04-16-2008 90115 014 ***138.75
4/: L07000123401

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000123401

1. Entity Name
BARNETT & O'DELL WAREHOUSE HOLDINGS, LLC

08 JUN 18 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

Principal Place of Business	Mailing Address
1610 INDUSTRIAL AVENUE JACKSONVILLE, FL 32205	1610 INDUSTRIAL AVENUE JACKSONVILLE, FL 32205
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip 32254 Country	Zip 32254 Country

04082008 Chg-LLC CR2E083 (12/06)

4. FEI Number ☐ 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
BARNETT, SHAWN 1610 INDUSTRIAL AVENUE JACKSONVILLE, FL 32205	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 32254

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 reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	MGR BARNETT, SHAWN 1610 INDUSTRIAL AVENUE JACKSONVILLE, FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jacksonville, FL 32254	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR O'DELLT, J. RUSSELL JR 1610 INDUSTRIAL AVENUE JACKSONVILLE, FL 32205	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	oDell, J Russell Jr. Jacksonville, FL 32254	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] Shawn Barnett, Mgr 4-10-08 (904) 786-1811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #