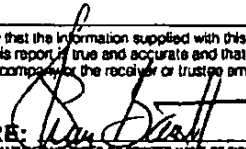


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2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000123401			
1. Entity Name BARNETT & O'DELL WAREHOUSE HOLDINGS, LLC			
Principal Place of Business 1610 INDUSTRIAL AVENUE JACKSONVILLE, FL 32205		Mailing Address 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
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		04082008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent BARNETT, SHAWN 1610 INDUSTRIAL AVENUE JACKSONVILLE, FL 32205		7. Name and Address of New Registered Agent 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 _____ DATE _____ Signature, hand or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)			
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'DELL, 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; the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE:  Shawn Barnett, Mgr 4-10-08		(904) 786-1811	

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