


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75 Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000001608 CAROL STREAM WAREHOUSE, LLC 1801 HERMITAGE BOULEVARD, SUITE 600 TALLAHASSEE FL 32308
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1a. Principal Place of Business Address
1801 HERMITAGE BOULEVARD, SU
TALLAHASSEE FL 32308

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	2a. Mailing Address Suite, Apt. #, etc. City & State Zip	3. Date Organized or Qualified 08/26/1998	3a. State of Formation FL
		4. FEI Number 59-3533810	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report N/A	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>


7. Name and Address of Current Registered Agent TODD, DAVID E 1801 HERMITAGE BOULEVARD, SUITE 100 TALLAHASSEE FL 32308	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(If registered Agent Accepts Appointment, (If Not, Registered Agent Signature is not required.)

1. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	FORIDA STATE BOARD O,	1801 HERMITAGE BOULEVARD,	TALLAHASSEE FL

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****188.75 ****188.75



I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Florida State Board of Administration,
By: Douglas W. Bennett, Chief Invest. Officer 3/21/99 488-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, OR MANAGER