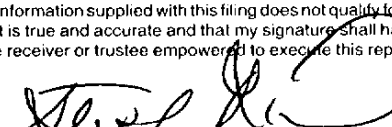


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAY -3 PM 5:00 SECONDARY	
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 WAREHOUSE EXPRESS, LLC 4029 N. WASHINGTON BLVD. 1661-D West University Pkwy. SARASOTA FL 34234 34243		DOCUMENT # L99000000099			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1a. Principal Place of Business Address 1661-D West University Pkwy 4029 N. WASHINGTON BLVD. SARASOTA FL 34234 34243	
		3. Date Organized or Qualified 12/31/1998		3a. State of Formation FL	
		4. FEI Number 65-0887570		☐ Applied For ☐ Not Applicable	
		5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required ☐	
7. Name and Address of Current Registered Agent HINES, JAMES P ESQ. 315 SOUTH HYDE PARK AVENUE TAMPA FL 33606				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
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 _____ (Registered Agent Accepting Appointment) (9018 Registered Agent registration required when tested group)				DATE _____	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	RICHMOND, MARK	4029 N. WASHINGTON BLVD. 1661-D West University Pkwy		SARASOTA FL 34243	
500002868405-3 -05/07/99--01151--005 ***188.75 ***188.75					
11. 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: 		4/21/99 941357220			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER (ALL MANAGING MANAGERS)		Date Daytime Phone #			