

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M00000000351

FILED
Jul 29, 2004
Secretary of State

Entity Name: SEVENTH AVENUE WAREHOUSE, LLC

Current Principal Place of Business:

235 3RD STREET SOUTH
SUITE 200
ST. PETERSBURG, FL 33701

New Principal Place of Business:

4701 7TH AVE
TAMPA, FL 33605

Current Mailing Address:

235 3RD STREET SOUTH
SUITE 200
ST. PETERSBURG, FL 33701

New Mailing Address:

PO BOX 5449
TAMPA, FL 33675

FEI Number: 52-2219202

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

HYER, RAYMOND T
4161 E 7TH AVE
TAMPA, FL 33605 US

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.

SIGNATURE: RAYMOND T HYER

07/29/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ECHELON DEVELOPMENT, LLC
Address: 235 3RD STREET SOUTH SUITE 200
City-St-Zip: ST. PETERSBURG, FL 33701

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HYER, RAYMOND T PRES
Address: 4161 E 7TH AVE
City-St-Zip: TAMPA, FL 33605

Title: MGR () Change (X) Addition
Name: POOLE, SEAN W SECT
Address: 4161 E 7TH AVE
City-St-Zip: TAMPA, FL 33605

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SEAN POOLE

MGR

07/29/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date