

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 05, 2005 8:00 am**  
**Secretary of State**

01-05-2005 90002 014 \*\*\*\*50.00

<b>DOCUMENT # M02000002174</b>	
1. Entity Name FL WAREHOUSE HOLDINGS, LLC	

Principal Place of Business 1280 ATLANTA HWY. MADISON, GA 30650	Mailing Address C/O ESTATE BROOKS PENNINGTON PO BOX 290 MADISON, GA 30650
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2. Principal Place of Business	3. Mailing Address c/o Brooks Pennington III
Suite, Apt. #, etc.	Suite, Apt. #, etc. P O Box 290
City & State	City & State Madison, GA
Zip	Country
Country	Zip 30650
Country	USA



01032005 Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2067721		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301		Name
		Street Address (P.O. Box Number is Not Acceptable)
		City
		FL Zip Code


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
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<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2005</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PENNINGTON, BROOKS M III 1280 ATLANTA HWY MADISON, GA 30650 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I 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 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.

<b>SIGNATURE:</b>		1/3/05	706+342-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone # X227