


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90037 039 \*\*\*\*61.25

<b>DOCUMENT # N06000009789</b>					
<b>1. Entity Name</b> THE SILO BUSINESS CENTER CONDOMINIUM OWNER'S ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3740 ST. JOHN'S BLUFF ROAD JACKSONVILLE, FL 32224			<b>Mailing Address</b> 3740 ST. JOHN'S BLUFF ROAD JACKSONVILLE, FL 32224		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-5561732	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
DANA B. KENYON REAL ESTATE SERVICES 5772 TIMUQUANA RD. JACKSONVILLE, FL 32210			Name <b>BUSINESS CONDOS USA</b> Street Address (P.O. Box Number is Not Acceptable) 3740 ST JOHN'S BLUFF RD., S. #16 City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32224</b>		
3740 St. Johns Bluff Rd., S. #16 Jax., Fl. 32224					
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)					
Signature, typed or printed name of registered agent and title if applicable.					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>					
<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> P	<b>NAME</b> WAREHOUSE CONDO VENTURES I, LLC		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b> 3740 ST. JOHN'S BLUFF ROAD			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b> JACKSONVILLE, FL 32224					
<b>TITLE</b> 	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>					
<b>TITLE</b> 	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>					
<b>TITLE</b> 	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>					
<b>TITLE</b> 	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>					
<b>TITLE</b> 	<b>NAME</b>		<input type="checkbox"/> Delete		
<b>STREET ADDRESS</b>			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>CITY-ST-ZIP</b>					
<b>12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE</b> _____			Date <b>4/7/08</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone # <b>904-928-4099</b>		