`2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 30, 2007 08:00 AM Secretary of State

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1. Entity Name

N.W. 5TH AVENUE WAREHOUSE, LTD.



Principal Place of Business

824 S.E. 6TH STREET FT. LAUDERDALE, FL 33301 Mailing Address

824 S.E. 6TH STREET FT. LAUDERDALE, FL 33301



DO NOT WRITE IN THIS SPACE

04162007 No Chg-LP CR2E003 (12/06)

Applied For

4. FEI Number 65-0509149

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, JAMES L 350 EAST LAS OLAS BLVD., SUITE 1000 FORT LAUDERDALE, FL 33301

DO NOT WRITE IN THIS SPACE

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE DECISTEDED	AND ACTIVE WITH THIS OFFICE
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	DATE
the obligations of registered agent.	
6. The above harried entity solutilits this statement for the purpose of chariging its registered office of registered agent	t, or both, in the State of Florida. I am familiar with, and accept

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

	12.	GENERAL PARTNER INFORMATION			
	DOCUMENT #	P94000054070			
	NAME	N.W. 5TH AVENUE WAREHOUSE, INC.			
	STREET ADDRESS	824 S.E. 6TH STREET			
	CITY-ST-ZIP	FT. LAUDERDALE, FL 33301			
	DOCUMENT # NAME				
STAPLE CHECK HERE	STREET ADDRESS CITY-ST-ZIP				
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	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				
	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP				
	DOCUMENT / NAME STREET ADDRESS				

DO NOT WRITE IN THIS SPACE

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14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620. Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #