

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**FILED**

**08 AUG -5 PM 1:36**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # A94000000990**

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



07182008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
65-0509149

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**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**

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.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$900.00**  
**On or after September 12, 2008, Fee will be \$1000.00**

**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  
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CITY-ST-ZIP

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**800134017598**  
**08/06/08--01009--026 \*\*1000.00**

**DO NOT WRITE  
IN THIS SPACE**

14. 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 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 #

STAPLE CHECK HERE