


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L0000013821

1. Entity Name
 BEVERLY-ANN WAREHOUSE, LLC



Principal Place of Business
 999 PONCE DE LEON BLVD., SUITE 1000
 CORAL GABLES, FL 33134

Mailing Address
 999 PONCE DE LEON BLVD., SUITE 1000
 CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE



01282008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-2175703	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

CARLOS, THOMAS
 999 PONCE DE LEON BLVD., SUITE 1000
 CORAL GABLES, FL 33134

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 (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

CK 2507 2/1/08

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLOS, THOMAS P 999 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARLOS, PETER T 999 PONCE DE LEON BLVD., SUITE 1000 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000835257
 02/29/08-80027-012 138.75

DO NOT WRITE IN THIS SPACE

11. 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 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: *Thomas Carlos P. Carlos* 1/31/08 305 444 1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #