


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 8:00 am**  
**Secretary of State**

03-08-2007 90188 011 \*\*\*\*50.00

DOCUMENT # L01000001198  
 1. Entity Name  
 160 WAREHOUSE, L.L.C.



Principal Place of Business      Mailing Address  
 351 NE 185TH STREET      351 NE 185TH STREET  
 MIAMI, FL 33179      MIAMI, FL 33179

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 2051 NE 160<sup>th</sup> ST      P O BOX 668035  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 N. MIAMI BEACH, FL      POMPADU BEACH FL  
 Zip      Country      Zip      Country  
 33162      USA      33066      USA



03052007    Chg-LLC    CR2E083 (12/06)

6. Name and Address of Current Registered Agent  
 ROBBINS, JAMES M  
 351 NE 18TH STREET  
 MIAMI, FL 33179

4. FEI Number      Applied For  
 65-1073373      Not Applicable

5. Certificate of Status Desired       \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name      ROBBINS      JAMES  
 Street      555      SW      12<sup>th</sup>      AVE      #101  
 City      POMPADU      BEACH      FL      Zip Code      33069

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]*      DATE: 3-5-07

Filing Fee is \$50.00 Due by May 1, 2007      Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBBINS, JAMES M 351 NE 185TH STREET MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROBBINS JAMES M PO BOX 668035 POMPADU BEACH FL 33066 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAGEN, GERALD 351 NE 185TH STREET MIAMI, FL 33179 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAGEN GERALD PO BOX 668035 POMPADU BEACH FL 33066 <input checked="" 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
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 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: *[Signature]*      Date: 3-5-07      Daytime Phone #: 954-931-1845