2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE: EARL PERTNOY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAYAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

45, A	ANNUAL REPORT (AR)				FILED		
DOCUMENT # L02000015438 1. Entity Name NORTH MIAMI WAREHOUSE LLC					Feb 02, 2004 08:00 AM Secretary of State		
801 ARTHU	re of Business R GODFREY ROAD STE. 202 CH FL 93140	Mailing Address 801 ARTHUR GODFREY ROAD STE. 202 MIAMI BEACH FL 33140			udire dalse kissi silli sinda l	inne følkend sil formi	
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			MOORE CR2E083- (11/03)		
City & State		City & State		4. FE! Number 59-1474896		Applied For Not Applicable	
Zip			Country		5. Certificate of Status Desired \$5.00 Additional Fee Required		
	6. Name and Address of Curren	t Registered Agent	N/	ame	7. Name and Address of New R	egistered Agent	
PERTNOY, SIDNEY M 150 W FLAGLER ST STE. 2000 MIAMI FL 33130				Street Address (P.O. Box Number is Not Acceptable)			
			Ci	ty		FL Zip	Code
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered of	fice or registe	ered agent, or both, in the State of Flo		nth, and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable (NOT	E Registered Age	nt signature require	d when reinstating)	DATE	400
	·	Make Check Payab Du	e By May 1	a Departme			
9.	MANAGING MEME		10.		ADDITIONS,		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	PERTNOY, EARL 801 ARTHUR GODFREY ROAD STE. 202		TITLE NAME STREET AD CITY-ST-2		U0000003 02/04/04-80	□ cha 0419 108-014 55.	• –
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET AD CITY-ST-2			☐ Chai	nge 🔲 Addihon
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. Delete	TITLE NAME STREET AD CITY-ST-2	ſ		☐ Chai	nge 🔲 Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET AD CITY-ST-2	į.		☐ Chai	nge 🗌 Addition
11. I hereby indicated limited lia	certify that the information supplied w d on this report is true and accurate ar ability company or the receiver or trus	ith this filing does not qualify for not that my signature shall have see empowered to execute this	or the exemption the same legs report as rec	on stated in S pal effect as if juired by Chap	Section 119.07(3)(i), Florida Statutes, made under oath; that I am a mana- pter 608, Florida Statutes.	I further certify that ging member or ma	he information nager of the