

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 22, 2007 08:00 AM
Secretary of State



DOCUMENT # L02000015438

1. Entity Name

NORTH MIAMI WAREHOUSE LLC

Principal Place of Business

**801 ARTHUR GODFREY ROAD STE. 202
MIAMI BEACH FL 33140**

Mailing Address

**801 ARTHUR GODFREY ROAD STE. 202
MIAMI BEACH FL 33140**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1474896

Applied For
Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

1st MOORE CR2E083 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PERTNOY, SIDNEY M
150 W FLAGLER ST STE. 2000
MIAMI FL 33130**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGR** Delete
NAME: **PERTNOY, EARL**
STREET ADDRESS: **801 ARTHUR GODFREY ROAD STE. 202**
CITY-STATE-ZIP: **MIAMI BEACH FL 33140**

Change Addition
NAME: **U00000596183**
01/23/07-80068-018 55.00

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

Change Addition
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CITY-STATE-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Carl Rutsky*

1-18-07

305-672-6575

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #