2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000023721

1. Entity Name

3112 45TH STREET WAREHOUSE, LLC



FILED Mar 08, 2007 08:00 AM Secretary of State

Principal Place of Business

3112 45TH ST

WEST PALM BEACH, FL 33407

Mailing Address

3112 45TH ST

WEST PALM BEACH, FL 33407



03012007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number	
	20-1061326	

Not Applicable

Certificate of Status Desired	ı
---	---

\$5.00 Additional

6. Name	and Address	of Curr	ent Regi	stered	Agent

WAKEM, JAMES W II 3112 45TH ST WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2007		

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	WAKEM, JAMES W II
STREET ADDRESS	3112 45TH ST
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TATLE	
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	
TITLE	
NAME .	_
STREET ADDRESS	
CITY-ST-ZIP	
11. I hereby of indicated	certify that the information supplied with this filing does not qually for the exton this report is true and accurate and that my sonabline shall have the sar

MANAGING MEMBERS/MANAGERS

000000660239 03/19/07-80018-016 50.00

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qually 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 signal are shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowers to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

*I*Z_____

561-683-016

Daytime Phone #