


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2005 8:00 am
Secretary of State

03-16-2005 90293 039 ****55.00

DOCUMENT # L04000076815
 1. Entity Name
THE GOLDMAN WAREHOUSE, LLC



20021764

Principal Place of Business Mailing Address
C/O THE GOLDMAN PROPERTIES COMPANY **C/O THE GOLDMAN PROPERTIES COMPANY**
804 OCEAN DRIVE, 2ND FLOOR **804 OCEAN DRIVE, 2ND FLOOR**
MIAMI BEACH, FL 33139 **MIAMI BEACH, FL 33139**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02142005 Chg-LLC CR2E083 (10/03)

4. FEI Number Applied For
20-1793713 Not Applicable

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

6. Name and Address of Current Registered Agent
LEVINSON, EDWARD E ESQ.
407 LINCOLN ROAD, PH-SE
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 / Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME **GOLDMAN WAREHOUSE, INC.**
 STREET ADDRESS **804 OCEAN DRIVE, 2ND FLOOR**
 CITY-ST-ZIP **MIAMI BEACH, FL 33139**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **CHARLES S. Goldman** 3/3/05 (305) 531-4411
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #