

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02018</b>		
1. Entity Name <b>WAREHOUSE ASSOCIATES, LIMITED</b>		
Principal Place of Business <b>19333 W COUNTRY CLUB DRIVE SUITE 1922 AVENTURA FL 33180</b>	Mailing Address <b>19333 W COUNTRY CLUB DRIVE SUITE 1922 AVENTURA FL 33180</b>	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	



Suite, Apt. #, etc.	Suite, Apt. #, etc.	1st MOORE	CR2E003 (10/06)
City & State	City & State	4. FEI Number <b>59-1475188</b>	Applied For Not Applicable
Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent		Address of New Registered Agent	
<b>COOPERMAN, MONROE 19333 W COUNTRY CLUB DRIVE SUITE 1922 AVENTURA FL 33180</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	<b>COOPERMAN, MONROE L 19333 W COUNTRY CLUB DRIVE 1922 AVENTURA FL 33180</b>	STREET ADDRESS	
NAME		CITY-ST-ZIP	<b>000000624330 02/14/07-80026-025 508.75</b>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Monroe L. Cooperman 1/30/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date  
305-466-1593  
Daytime Phone #