## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
Jan 11, 2007 08:00 AM
Secretary of State

**DOCUMENT # A05000002123** 

1. Entity Name WAREHOUSE 5770, LTD



Principal Place of Business

P.O. BOX 133650 HIALEAH, FL 33013 Mailing Address

P.O. BOX 133650 HIALEAH, FL 33013



## DO NOT WRITE IN THIS SPACE

01042007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-3886539

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

		IN THIS SPACE
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 life it applicable		
FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00		
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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-7IP	L05000113107 WAREHOUSE 5770, LLC P.O. BOX 133650 HIALEAH, FL 33013	U00000583496 01/11/07-80073-023 500.00
DOCUMENT A NAME STREET ADDRESS CITY ST-ZIP	THALLAH, I E 33013	01/11/07-90073-023 500.00
DOCUMENT # NAMC STREET ADDRESS CITY ST-7/P		DO NOT WRITE
DOCUMENT #  NAME  STREET ADDRESS  CITY-ST 7IP		IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		

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:

STAPLE CHECK HERE

malle

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

01-04-07

305-722-0110

Daytime Phone #