


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 12, 2008**

**FILED**  
**Jul 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A96000000449</b>	
1. Entity Name MDR WAREHOUSES, LTD.	

Principal Place of Business 6625 MIAMI LAKES DRIVE SUITE 316 MIAMI LAKES, FL 33014-2705	Mailing Address 6625 MIAMI LAKES DRIVE SUITE 316 MIAMI LAKES, FL 33014-2705
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**DO NOT WRITE IN THIS SPACE**



07072008 No Chg-LP CR2E003 (12/06)

4. FEI Number 65-0662243	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, MICHAEL D  
6625 MIAMI LAKES DRIVE  
SUITE 316  
MIAMI LAKES, FL 33014-2705

**DO NOT WRITE 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 \_\_\_\_\_ **U00000355010**  
*Signature, typed or printed name of registered agent and title if applicable* **07/15/08-80007-006 500.00**  
DATE

<b>FILE NOW!!! FEE IS \$500.00</b> <b>Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.
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**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 #	P96000015985
NAME	WAREHOUSE G.P. CORP.
STREET ADDRESS	6625 MIAMI LAKES DRIVE SUITE 316
CITY-ST-ZIP	MIAMI LAKES, FL 330142705
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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:**  **7/11/08 305-777-0760**  
*Signature and typed or printed name of signing general partner* Date Daytime Phone #

STAPLE CHECK HERE