2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L00000013821

1. Entity Name
BEVERLY-ANN WAREHOUSE, LLC

Principal Place of Business
999 PONCE DE LEON BLVD., SUITE 1000
CORAL GABLES, FL 33134

Mailing Address
999 PONCE DE LEON BLVD., SUITE 1000
CORAL GABLES, FL 33134

01282008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2175703
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARLOS, THOMAS
999 PONCE DE LEON BLVD., SUITE 1000
CORAL GABLES, FL 33134

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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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

CK 2507 3/1/08

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CARLOS, THOMAS P
STREET ADDRESS	999 PONCE DE LEON BLVD., SUITE 1000
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGRM
NAME	CARLOS, PETER T
STREET ADDRESS	999 PONCE DE LEON BLVD., SUITE 1000
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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02/29/08-80027-012 138.75

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11. 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 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: Thomas P. Carlos Thomas P. Carlos 1/31/08 305 444 1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #