

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90058 042 \*\*\*138.75

**60030809**



02182008 Chg-LLC CR2E083 (12/06)

|  |  |                                 |   |   |   |
|--|--|---------------------------------|---|---|---|
| <b>DOCUMENT # L01000001198</b><br>1. Entity Name<br>160 WAREHOUSE, L.L.C.  |  |                                 |   |   |   |
| Principal Place of Business<br>2051 NE 160TH ST.<br>NORTH MIAMI, FL 33162  |  |                                 | Mailing Address<br>P.O. BOX 668035<br>POMPANO BEACH, FL 33066 |   |   |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.  |  |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                     |   |   |
| City & State   |  |                                 | City & State  |   |   |
| Zip  |  | Country                         |   | 4. FEI Number<br><b>65-1073373</b>  |   |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required   |  |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |
| <b>6. Name and Address of Current Registered Agent</b><br><br>ROBBINS, JAMES M<br>555 SW 12TH AVE.<br>#101<br>POMPANO BEACH, FL 33069  |  |                                 |   | <b>7. Name and Address of New Registered Agent</b><br>Name <u>JAMES ROBBINS</u><br>Street Address (P.O. Box Number is Not Acceptable) <u>2024 NE 161 ST</u><br>City <u>N. MIAMI BEACH</u> FL <u>33162</u> |   |
| 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.<br>SIGNATURE <u>[Signature]</u> member DATE <u>4-9-08</u><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |  |                                 |   |   |   |
| <b>FILE NOW!!! FEE IS \$138.75</b><br><b>After May 1, 2008 Fee will be \$538.75</b>  |  |                                 | Make check payable to<br><b>Florida Department of State</b>   |   |   |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |                                 |   | <b>10. ADDITIONS/CHANGES</b>  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>ROBBINS, JAMES M<br>P.O. BOX 668035<br>POMPANO BEACH, FL 33066 | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | MGRM<br>DAGEN, GERALD<br>P.O. BOX 668035<br>POMPANO BEACH, FL 33066    | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  | <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 <u>[Signature]</u> <u>JAMES M ROBBINS</u>  |  |                                 |   | Date <u>4-9-08</u> Daytime Phone # <u>954-931-1840</u>  |   |