


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

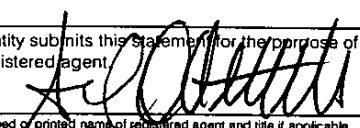
FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90268 001 ****50.00

DOCUMENT # L02000005997			
1. Entity Name 3501 WAREHOUSE CENTER, LLC			
Principal Place of Business 6280 NW 27TH WAY FT. LAUDERDALE, FL 33309		Mailing Address 6280 NW 27TH WAY FT. LAUDERDALE, FL 33309	
2. Principal Place of Business 6574 N. STATE ROAD 7		3. Mailing Address 6574 N. STATE ROAD 7	
Suite, Apt. #, etc. #101		Suite, Apt. #, etc. #101	
City & State COCONUT CREEK, FL		City & State COCONUT CREEK, FL	
Zip 33073	Country	Zip 33073	Country



03062006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CLARK, THOMAS M 2400 EAST COMMERCIAL BLVD. SUITE 820 FT. LAUDERDALE, FL 33308		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 		03-14-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIBATTISTA, SALVATORE 6280 NW 27TH WAY FT. LAUDERDALE, FL- 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6574 N. STATE ROAD 7, #101 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIBATTISTA, ANDREW J 6280 NW 27TH WAY FT. LAUDERDALE, FL 33309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6574 N. STATE ROAD 8, #101 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Sal DiBattista

03-14-06

Date

954-235-9368

Daytime Phone #