2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L02000015099 Feb 09, 2007 08:00 AM Secretary of State 1. Entity Namo WAREHOUSE 38 INVESTMENTS, LLC Principal Place of Business Mailing Address 6574 NORTH STATE RD. 7, STE. 394 COCONUT CREEK FL 33073 6574 NORTH STATE RD. 7, STE. 394 COCONUT CREEK FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc Suite. Apt. #, etc. 1st MOORE CR2E083 (10/06) City & Stato City & State 4. FEI Number Applied For 04-3686495 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ELKIN, STEVEN C ESQ FRANK, WEINBERG & BLACK, P.L. 7805 SW 6TH COURT Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 Zip Code FI 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, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS Addition **APS** Delete 100 ☐ Change NAME HOFFMAN, LEIGH STREET ADORESS STRUET ADDRESS PO BOX 452199 CHY-SI-7IP FORT LAUDERDALE FL 33345-2199 CJJY-SJ-7JP U00000629564 HH Dclele ш 02/19/07-80006-025**-5**0%90 Addition NAME NAME. SHULL ADDRESS STREET ADDRESS CHY-SI-7@ CITY-ST-7IP ☐ Change nne Addition HHE Delete NAME NAME STHEET ADDRESS STREET ADDRESS CITY ST-ZIP Crif-si-7P Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADORESS CHY-SI-ZIP CITY-ST-ZIP HILL ☐ Delete Change Addition HILL NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CITY-ST-ZIP □ Change Addition Delete HILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHIY-SI-7IP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes | further certify that the information indicated on this report is true and accurate and that my signature shall have the same logal effect as if made under earl; that I am a managing member or manager of the limited liability company or the resolvery of truspec empowered to execute this report as required by Chapter 608. Florida Statutes. MM, alliance Property Systems

Q. as agent for warehuse 38 Tomestments LLC

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE