## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**Secretary of State DOCUMENT # L02000015099** 02-13-2008 90061 037 \*\*\*138.75 WARÉHOUSE 38 INVESTMENTS, LLC Principal Place of Business Mailing Address Phharias 6574 NORTH STATE RD. 7, STE. 394 6574 NORTH STATE RD. 7. STE. 394 COCONUT CREEK, FL 33073 COCONUT CREEK, FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 CR2E083 (12/06) Cha-LLC Applied For City & State City & State 4. FEI Number 04-3686495 Not Applicable \$5.00 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ELKIN, STEVEN C ESQ Street Address (P.O. Box Number is Not Acceptable) FRANK, WEINBERG & BLACK, P.L. 7805 SW 6TH COURT PLANTATION, FL 33324 City 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 Signature, typed or printed name of registered agent and late if applicable. Make check payable to FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES APS TITLE □ Delete TITLE Change Addition HOFFMAN, LEIGH NAME NA ME PO BOX 452199 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 333452199 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP DITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TRUE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

1. 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.

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SIGNATURE: 41 NO 1 1 MANUAL OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

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FILED Feb 13, 2008 8:00 am