## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

**DOCUMENT # L02000018686** 

1. Entity Name
DEPOT WAREHOUSE L.L.C.

FILED
May 05, 2006 08:00 A
Secretary of State

Principal Place of Business

Moiling Address

901 GEORGE BUSH BLVD DELRAY BEACH, FL 33483 901 GEORGE BUSH BLVD DELRAY BEACH, FL 33483



05032006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 54-2065728

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KERN, KEITH D ESQ. 50 S.E. 4TH AVENUE DELRAY BEACH. FL 33483

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| The above named entity submits this statement for the purpose of characteristics of registered agent. | anging its registered office or registered agent, or both,   | in the State of Florida. I am familiar with, and accept |
|---|--|---|
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.              | (NOTE: Registered Agent signature required when reinstating) | DATE  |
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## Filing Fee Is \$50.00 Due by September 6, 2006

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>GWYNN, JOHN D<br>901 GEORGE BUSH BLVD<br>DELRAY BEACH, FL 33483 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |

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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** 

JRE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE 4/29/06 561-272-4090