## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L02000025581

Address:

City-St-Zip:

2999 N.E. 191 STREET

NORTH MIAMI BEACH, FL

Entity Name: POMPEI WAREHOUSES, LLC

FILED Apr 23, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business: 167 NW 25 STREET** MIAMI, FL 33127 **Current Mailing Address: New Mailing Address:** 167 NW 25 STREET MIAMI, FL 33127 FEI Number: 82-0586631 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LOMBARDI, DAVID 167 NW 25TH STREET MIAMI, FL 33127 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GOLDSTEIN, MICHAEL B Name: Name: 2121 PONCE DELEON BLVD. Address: Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HORWITZ, SANFORD B Name: Address: 2121 PONCE DELEON BLVD. Address: City-St-Zip: CORAL GABLES, FL 33134 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LOMBARDI, DAVID L Name: Name: 167 N.W. 25TH STREET Address: Address: City-St-Zip: MIAMI, FL 33127 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition MIRANDA, WILLIAM Name: Name: Address: 5981 S.W. 136TH STREET Address: MIAMI, FL 33156 City-St-Zip: City-St-Zip: MGRM Title: () Delete Title: () Change () Addition HORWITZ, STEPHEN Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Address:

City-St-Zip:

SIGNATURE: DAVID LOMBARDI MGRM 04/23/2008