2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED DOCUMENT # L03000026684 Jan 31, 2005 08:00 AM Secretary of State 1. Entity Name 80TH STREET WAREHOUSE, LLC Principal Place of Business Mailing Address 11400 WEST FLAGLER ST, STE 201 11400 WEST FLAGLER ST, STE 201 MIAM! FL 33174 MIAMI FL 33174 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City & State 4. FEI Number Applied For 20-0101456 Not Applic 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 Name BOHATCH, JOHN S ESQ Street Address (P.O. Box Number is Not Acceptable) 2600 DOUGLAS RD, PENTHOUSE 8 CORAL GABLES FL 33134 City 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 according the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005 MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES DILE MGRM ☐ Delete THEE ☐ Change □ Ar' NAME FONTICIELLA LIMITED PARTNERSHIP NAME U00000207149 STREET ADDRESS 11400 WEST FLAGLER ST, STE 201 STREET ADDRESS 02/01/05-80035-003 50.00 CITY - ST- ZIP MIAMI FL 33174 -CITY-ST-ZIP THE Deieie TiTLE Change ☐ Ail NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change □ Aih MAME NAME STREET ADDRESS STREET ADORESS CITY-SI-7P CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Ada Ada ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CRTY- ST- ZIP CHTY-ST-ZIP THLE ☐ Delete HILE ☐ Change □ Ar NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CHY-ST-ZIP

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

BER, MANAGER, OR AUTHORIZED REPRESENTATIVE

limited llability company of the sector or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE