

2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**FILED**  
**Jul 20, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000022260

1. Entity Name  
THE WAREHOUSE LLC

Principal Place of Business

2501 SOUTH PARK LANE ROAD  
PEMBROKE PINES, FL 33009 US

Mailing Address

2501 SOUTH PARK LANE ROAD  
PEMBROKE PINES, FL 33009 US

07142006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
20-0903697Applied For  
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

KAHN, DONALD J  
317 71 STREET  
MIAMI BEACH, FL 33141**DO NOT WRITE  
IN THIS SPACE**

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 use if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE \_\_\_\_\_

Filing Fee is \$50.00  
Due by September 6, 2006U00000571395  
07/20/06-80007-010 50.00

## 9. MANAGING MEMBERS/MANAGERS

TITLE MGRM  
NAME PEREZ, LEON  
STREET ADDRESS 19333 COLLINS AVENUE, APT 804  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160TITLE MGRM  
NAME PEREZ, CAROL  
STREET ADDRESS 19333 COLLINS AVENUE, APT 804  
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #