

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90036 016 ****50.00



DOCUMENT # L05000001651

1. Entity Name

PALMETTO WAREHOUSE ASSOCIATES, LLC

Principal Place of Business

7760 W. 20TH AVENUE
 SUITE 1
 HIALEAH FL 33016

Mailing Address

7760 W. 20TH AVENUE
 SUITE 1
 HIALEAH FL 33016



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

20-2171693

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WEINTRAUB, ABRAHAM
7760 W. 20TH AVENUE
SUITE 1
HIALEAH FL 33016

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE: **MGRM** Delete
 NAME: **WEINTRAUB, ABRAHAM**
 STREET ADDRESS: **7760 W. 20TH AVENUE, SUITE 1**
 CITY-ST-ZIP: **HIALEAH FL 33016**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: **MGRM** Delete
 NAME: **RUIZ, MIGUEL**
 STREET ADDRESS: **7760 W. 20TH AVENUE, SUITE 1**
 CITY-ST-ZIP: **HIALEAH FL 33016**

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME: **MGRM**
 NAME: **SAMUEL WEINTRAUB**
 STREET ADDRESS: **7760 W. 20TH AVE, SUITE 1**
 CITY-ST-ZIP: **HIALEAH, FL 33016**

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
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TITLE: Delete
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TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **ABRAHAM WEINTRAUB** 4/19/06 305-557-9398