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Sep 13, 2007 8:00 am
Secretary of State
08-01-2007 90015 040 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000042396

1. Entity Name
REGENCY WAREHOUSE, LLC

Principal Place of Business	Mailing Address
801 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301	801 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301

-- 30012859

07102007No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2769032
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SAKA, MICHAEL
801 EAST LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301

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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: _____ 7/24/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by September 14, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SAKA, MICHAEL
STREET ADDRESS	801 EAST LAS OLAS BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	MGRM
NAME	DWECK, SAMUEL
STREET ADDRESS	801 EAST LAS OLAS BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	MGRM
NAME	LEVY, ALBERT
STREET ADDRESS	801 EAST LAS OLAS BLVD.
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #