

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000042396

1. Entity Name
REGENCY WAREHOUSE, LLC



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

Mailing Address
801 EAST LAS OLAS BLVD.
FT. LAUDERDALE, FL 33301

2. Principal Place of Business - No P.O. Box #

73 S.W. 12th Ave

3. Mailing Address

73 S.W. 12th Ave

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
103

City & State
Dania Beach, FL

City & State
DANIA BEACH, FL

Zip
33004

Zip
33004

Country

04022008 Chg-LLC CR2E083 (12/06)

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

7. Name and Address of New Registered Agent

Name
Michael Saka

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

2

73 S.W. 12th Ave # 103

City
Dania Beach

FL Zip Code
33004

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SAKA, MICHAEL 801 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	73 SW 12th Ave Ste. # 103 DANIA Beach, FL 33004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DWECK, SAMUEL 801 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEVY, ALBERT 801 EAST LAS OLAS BLVD. FT. LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

60020843



04-08-2008 90041 005 ***138.75

**FILED
Apr 08, 2008 8:00 am
Secretary of State**