### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

### DOCUMENT # L05000113107

1. Entity Name
WAREHOUSE 5770.-LLC



FILED Apr 02, 2008 08:00 AN Secretary of State

Principal Place of Business

P.O. BOX 133650 HIALEAH, FL 33013 Mailing Address

P.O. BOX 133650 HIALEAH, FL 33013



03272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-3867230

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA, SUITE 700 MIAMI, FL 33131

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8. The above n	amed entity su	bmits this statemen	it for the purpose of changing its registered offic	e or registered agent, or both, in	the State of Florida.	I am familiar with	, and accept
the obligatio	ns of registere	d agent.					
4			11				

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE Registered Agent signature required when reinstalling)

DATE

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9.	MANAGING MEMBERS/MANAGERS				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	MGRM STEIRN, MARSHALL P.O. BOX 133650 HIALEAH, FL 33013				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEIRN, SUSAN P.O. BOX 133650 HIALEAH, FL 33013				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 filling 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 eath; 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 BIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3.27.48

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Date

Daytime Phone #