

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000114225

FILED
Jul 11, 2006
Secretary of State

Entity Name: FIFTH TERRACE WAREHOUSE, L.L.C.

Current Principal Place of Business:

1950 NW 22 STREET
FT. LAUDERDALE, FL 33311 US

New Principal Place of Business:

Current Mailing Address:

1950 NW 22 STREET
FT. LAUDERDALE, FL 33311 US

New Mailing Address:

1950 NW 22 STREET
C/O MICHAEL J. COHEN
FT. LAUDERDALE, FL 33311 US

FEI Number: 20-3859406 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN, MICHAEL J
1950 NW 22 STREET
FT. LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: TOMS, JOSEPH
Address: 4024 NE 5 AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: MGRM () Delete
Name: KORNAHRENS, ROBERT P
Address: 1950 NW 22 STREET
City-St-Zip: FT. LAUDERDALE, FL 33311 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: KORNAHRENS, MICHAEL
Address: 1950 NW 22 STREET
City-St-Zip: FT. LAUDERDALE, FL 33311 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL KORNAHRENS

MG.

07/11/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date