

FILED  
Mar 27, 2007 8:00 am  
Secretary of State

01-17-2007 90047 012 \*\*\*\*50.00

2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |                                                                                   |                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # L06000018202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     |  |                                                                   |
| 1. Entity Name<br>ANKA WAREHOUSES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     |                                                                                   |                                                                   |
| Principal Place of Business<br>6600 S.W. 75TH COURT<br>MIAMI, FL 33143                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                     | Mailing Address<br>6600 S.W. 75TH COURT<br>MIAMI, FL 33143                        |                                                                   |
| 2. Principal Place of Business - No P.O. Box #                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                     | 3. Mailing Address                                                                |                                                                   |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     | Suite, Apt. #, etc.                                                               |                                                                   |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     | City & State                                                                      |                                                                   |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Country                                                                                             | Zip                                                                               | Country                                                           |
| 4. FEI Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     | Applied For<br><input checked="" type="checkbox"/> Not Applicable                 |                                                                   |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                     | \$5.00 Additional Fee Required                                                    |                                                                   |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | 7. Name and Address of New Registered Agent                                       |                                                                   |
| GUTTENMACHER, EDWARD P<br>7301 SW 57TH COURT SUITE 560<br>SOUTH MIAMI, FL 33143                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and his or her address (NOTE: Registered Agent signature required when removing)</small>                                                                                                                                                                                                                                                                                                                       |                                                                                                     |                                                                                   |                                                                   |
| Filing Fee is \$50.00<br>Due by May 1, 2007                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     | Make check payable to<br>Florida Department of State                              |                                                                   |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                     | 10. ADDITIONS/CHANGES                                                             |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>LOPEZ, JOSE I SR.<br>6600 S.W. 75TH COURT<br>MIAMI, FL 33143 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> Delete                                                                     | TITLE<br>NAME<br>STREET ADDRESS<br>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 118, 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: <u>Jose I. Lopez Sr.</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                     | 1/11/07 (305) 591-7124                                                            |                                                                   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                     | Date Daytime Phone #                                                              |                                                                   |

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01102007 Chg-LLC CR2E083 (12/06)

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L06000018202</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                     |                                                              |                                                                                                                          |                                                                                          |  |
| <b>1. Entry Name</b><br>ANKA WAREHOUSES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                              |                                                                                                                          |                                                                                          |  |
| <b>Principal Place of Business</b><br>6600 S.W. 75TH COURT<br>MIAMI, FL 33143                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                              | <b>Mailing Address</b><br>6600 S.W. 75TH COURT<br>MIAMI, FL 33143                                                        |                                                                                          |  |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                     | <b>3. Mailing Address</b>                                    |                                                                                                                          |                                                                                          |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | Suite, Apt. #, etc.                                          |                                                                                                                          |                                                                                          |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                     | City & State                                                 |                                                                                                                          | 01102007    Chg-LLC    CR2E083 (12/06)                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | Country                                                      |                                                                                                                          | 4. FEI Number                                                                            |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | Country                                                      |                                                                                                                          | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GUTTENMACHER, EDWARD P<br>7301 SW 57TH COURT SUITE 560<br>SOUTH MIAMI, FL 33143                                                                                                                                                                                                                                                                                                                                                            |                                                                     |                                                              | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                              |                                                                                                                          |                                                                                          |  |
| <b>Filing Fee is \$50.00<br/>Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     | <b>Make check payable to<br/>Florida Department of State</b> |                                                                                                                          |                                                                                          |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                     |                                                              | <b>10. ADDITIONS/CHANGES</b>                                                                                             |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         | MGR<br>LOPEZ, JOSE I SR.<br>5600 S.W. 75TH COURT<br>MIAMI, FL 33143 | <input type="checkbox"/> Delete                              |                                                                                                                          |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | <input type="checkbox"/> Delete                              |                                                                                                                          |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | <input type="checkbox"/> Delete                              |                                                                                                                          |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | <input type="checkbox"/> Delete                              |                                                                                                                          |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | <input type="checkbox"/> Delete                              |                                                                                                                          |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | <input type="checkbox"/> Delete                              |                                                                                                                          |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | <input type="checkbox"/> Delete                              |                                                                                                                          |                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                     | <input type="checkbox"/> Delete                              |                                                                                                                          |                                                                                          |  |
| 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: <i>Jose I. Lopez Sr</i> Date: 1/11/07    Daytime Phone: (305) 591-7124                                        |                                                                                          |  |

ATTACHMENT

30003425

# ATTACHMENT

## GUTTENMACHER, BOHATCH & BARINAGA-BURCH, P.A.

ATTORNEYS AT LAW

SAIDY M. BARINAGA-BURCH\*  
JOHN S. BOHATCH  
EDWARD P. GUTTENMACHER  
TIMOTHY L. SMITH\*\*

PRACTICE LIMITED TO  
PROBATE, ESTATE PLANNING,  
BUSINESS PLANNING & TAXATION

\*LL.M. ESTATE PLANNING  
\*\*LL.M. TAXATION

7301 SOUTHWEST 57TH COURT  
SUITE 560  
SOUTH MIAMI, FLORIDA 33143

TELEPHONE (305) 666-1040  
TELEFAX (305) 666-1020  
E-MAIL Law@GBTaxLaw.com

### KEY WEST OFFICE

GULFVIEW POINTE  
2647 GULFVIEW DRIVE  
KEY WEST, FLORIDA 33040

TELEPHONE (305) 294-1521  
TELEFAX (305) 292-4016

PLEASE REPLY TO:  
SOUTH MIAMI

March 2, 2007

### VIA: CERTIFIED MAIL - RRR

Florida Department of State  
Division of Corporation  
P.O. Box 6478  
Tallahassee, FL 32314

30003425  
#L06000018202

Re: Anka Warehouses, LLC

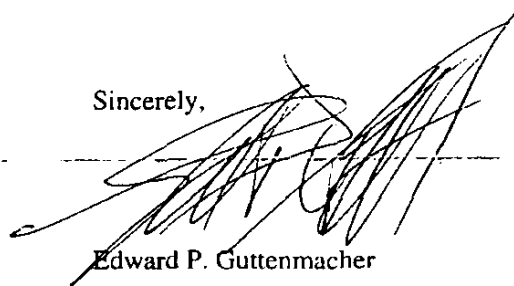
Gentlemen:

Enclosed you will find your original letter of January 24, 2007 together with the copy of the annual report you returned.

Anka Warehouses, LLC. is a Single Member LLC. and, as such, does not have a Federal Employer Identification Number. Instead, all income and expenses are reported on the Income Tax Return Form 1040 of Jose I. Lopez, Sr., who owes one hundred percent of the beneficial interest of Anka Warehouses, LLC. Mr. Lopez's Social Security number is 265-72-8873.

As I am the Registered Agent I would appreciate your calling me should you have any further question.

Sincerely,



Edward P. Guttenmacher

EPG:cc

Encls.

ATTACHMENT 36003425

**GUTTENMACHER, BOHATCH & BARINAGA-BURCH, P.A.**

**ATTORNEYS AT LAW**

SAIDY M. BARINAGA-BURCH\*  
JOHN S. BOHATCH  
EDWARD P. GUTTENMACHER  
TIMOTHY L. SMITH\*\*

7301 SOUTHWEST 57TH COURT  
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PROBATE, ESTATE PLANNING,  
BUSINESS PLANNING & TAXATION

\*L.L.M. ESTATE PLANNING  
\*\*L.L.M. TAXATION

PLEASE REPLY TO:  
SOUTH MIAMI

March 22, 2007

**VIA: CERTIFIED MAIL - RRR**

Florida Department of State  
Division of Corporation  
P.O. Box 6478  
Tallahassee, Florida 32314

Re: **ANKA WAREHOUSES, LLC**  
**Your Reference No.: L06000018202**

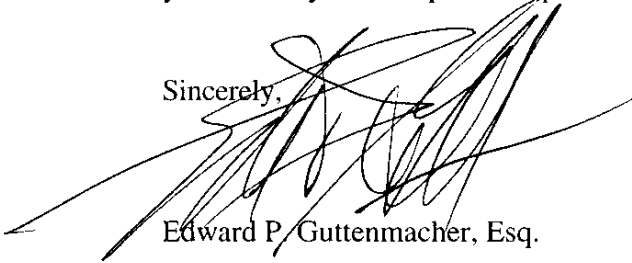
Dear Sir or Madam:

Enclosed please find your correspondence of March 8, 2007, and the Annual Report for the above named LLC. The "Not Applicable" box has been checked with regard to the FEI Number on the Annual Report.

ANKA WARESHOUSES, LLC is a single member limited liability company (a disregarded entity in the eyes of the Internal Revenue Service). As such, the LLC is not required to have its own Federal Employer Identification Number pursuant to Section 301.7701-2(c)(2) of the Code of Federal Regulations and Notice 99-6 of Internal Revenue Bulletin 1999-3.

Thank you for your kind attention. If you have any further questions please feel free to call me.

Sincerely,

  
Edward P. Guttenmacher, Esq.

EPG/cc

Encls.

cc. Jose I. Lopez, Sr., Manager