
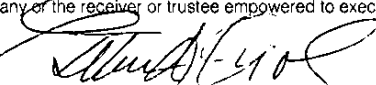


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90432 049 ****50.00

DOCUMENT # L06000082731			
1. Entity Name LAKEVIEW WAREHOUSES, LLC		Principal Place of Business 2200 S. OCEAN LANE POINT OF AMERICAS II - 910 FORT LAUDERDALE, FL 33316	
Mailing Address 2200 S. OCEAN LANE POINT OF AMERICAS II - 910 FORT LAUDERDALE, FL 33316		2. Principal Place of Business - No P.O. Box #	
3. Mailing Address <i>C/O Rachel, Cohen Holtz</i> 450 E. Las Olas Blvd.		Suite, Apt. #, etc. Suite 950	
City & State Ft. Lauderdale, FL		4. FEI Number 03272007 Chg-LLC CR2E083 (12/06)	
Zip 33301		Country U.S.A.	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent WALDMAN, ALEIDA ORS 440 SOUTH ANDREWS AVE FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
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 _____ (NOTE: Registered Agent signature required when reorganizing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<i>President</i> Alejandrina Oriol 2200 S. Ocean Lane - Point of Americas II-910 Ft. Lauderdale, FL 33316	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<i>Secretary</i> Jack Oriol 2200 S. Ocean Lane - Point of Americas II-910 Ft. Lauderdale, FL 33316	
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
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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: 		Date: <i>3/25/07</i> Daytime Phone #: <i>954-525-1040 ext. 6631</i>	