

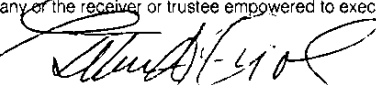


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**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> <b>450 E. Las Olas Blvd.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite 950</b>		03272007 Chg-LLC CR2E083 (12/06)	
City & State		City & State <b>Ft. Lauderdale, FL</b>		4. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip	Country	Zip <b>33301</b>	Country <b>U.S.A</b>	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		
WALDMAN, ALEIDA ORS 440 SOUTH ANDREWS AVE FORT LAUDERDALE, FL 33301			Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 reconstituting) _____ DATE _____					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
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 <b>President</b> <b>Alejandrina Oriol</b> <b>2200 S. Ocean Lane - Point of Americas II-910</b> <b>Ft. Lauderdale, FL 33316</b>	
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 <b>Secretary</b> <b>Jack Oriol</b> <b>2200 S. Ocean Lane - Point of Americas II #910</b> <b>Ft. Lauderdale, FL 33316</b>	
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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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: 			Date <b>3/28/07</b> Daytime Phone # <b>954-525-1040 ext. 4631</b>		