


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000120149</b>	
1. Entity Name BICHACHI WAREHOUSE, LLC	

Principal Place of Business 9375 PARK DRIVE SUITE 1 MIAMI SHORES, FL 33138	Mailing Address 9375 PARK DRIVE SUITE 1 MIAMI SHORES, FL 33138
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**DO NOT WRITE IN THIS SPACE**



01042008 No Chg-LLC	CR2E083 (12/07)
4. FEI Number 20-8119782	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

SMUKLER, FORTUNA  
 9375 PARK DRIVE  
 SUITE 1  
 MIAMI SHORES, FL 33138

**DO NOT WRITE IN THIS SPACE**

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 reinstating) DATE \_\_\_\_\_

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

U00000781989  
 01/15/08-80056-022 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BICHACHI, ISRAEL 9375 PARK DRIVE, SUITE 1 MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SMUKLER, FORTUNA 9375 PARK DRIVE, SUITE 1 MIAMI SHORES, FL 33138
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**DO NOT WRITE IN THIS SPACE**

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:** *Fortuna Smukler Fortuna Smukler* 01-11-08 305-759-5404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #