

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089336

Entity Name: WAREHOUSE 534 LLC

FILED  
Feb 02, 2009  
Secretary of State

**Current Principal Place of Business:**

3571 NORTH DIXIE HIGHWAY  
OAKLAND PARK, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

3571 NORTH DIXIE HIGHWAY  
OAKLAND PARK, FL 33334

**New Mailing Address:**

FEI Number: 26-3374589

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEISS, SUZANNE  
3571 NORTH DIXIE HIGHWAY  
OAKLAND PARK, FL 33334 US

**Name and Address of New Registered Agent:**

LYNN, BRIAN  
TWO UNIVERSITY DRIVE  
SUITE 215  
PLANTATION, FL 33324 US

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: BRIAN LYNN

02/02/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BATES, JAMES T  
Address: 524 ISLE OF CAPRI  
City-St-Zip: FT. LAUDERDALE, FL 33301

Title: MGRM ( ) Delete  
Name: BATES, CATIA T  
Address: 524 ISLE OF CAPRI  
City-St-Zip: FT. LAUDERDALE, FL 33301

**ADDITIONS/CHANGES:**

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JAMES T. BATES

MGRM

02/02/2009

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