


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

|  |   |
|--|---|
| <b>DOCUMENT # L98000003400</b><br>1. Entity Name<br>ARCH CREEK WAREHOUSE COMPLEX, L.L.C. |  |
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| Principal Place of Business<br>15499 W. DIXIE HIGHWAY<br>NORTH MIAMI BEACH, FL 33162 | Mailing Address<br>15499 W. DIXIE HIGHWAY<br>NORTH MIAMI BEACH, FL 33162 |
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01112005No Chg-LLC CR2E063 (10/03)

**DO NOT WRITE IN THIS SPACE**

|   |                                       |
|---|---------------------------------------|
| 4. FEI Number<br>65-0885092                               | Applied For<br>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

KURZMAN, JOHN  
15499 W. DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162

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I, 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

U00000191129  
01/24/05-80158-017 50.00

| 9. MANAGING MEMBERS/MANAGERS                   |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KURZMAN, JOHN<br>3370 NE 190 ST #3711<br>AVENTURA, FL 33180              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>KURZMAN, RHODA<br>3370 NE 190 ST #3711<br>AVENTURA, FL 33180             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>A-Z BLDG., INC.<br>15499 W. DIXIE HIGHWAY<br>NORTH MIAMI BEACH, FL 33162 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 606, Florida Statutes.

**SIGNATURE:**  **RHODA KURZMAN** 305-945-4100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date