

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 20 AM 10:45

DOCUMENT # L98000003400					
1. Entity Name ARCH CREEK WAREHOUSE COMPLEX, L.L.C.					
Principal Place of Business 15499 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162			Mailing Address 15499 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06202006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number 65-0885092 20-4639276	
Zip		Country		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		
KURZMAN, JOHN 15499 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162			Name <u>Kevin Kennedy</u> Street Address (P.O. Box Number is Not Acceptable) <u>1970 NE 153 St Bay #6</u> City <u>North miami Bch</u> FL Zip Code <u>33162</u>		
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 <u>Kevin Kennedy managing member</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			DATE <u>9/25/06</u>		
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KURZMAN, JOHN 3370 NE 190 ST #3711 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Kevin Kennedy 9381 East Bay Harbor Drive #203 N Bay Harbor Islands FL 33154
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KURZMAN, RHODA 3370 NE 190 ST #3711 AVENTURA, FL 33180	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600080220596 09/27/06--01045--002 **50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM A-Z BLDG., INC. 15499 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600080220596 11/03/06--01035--014 **100.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>Kevin Kennedy managing member</u> 9/25/06 410-290-9963					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					