


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90304 001 \*\*\*\*50.00

<b>DOCUMENT # L98000003400</b> 1. Entity Name ARCH CREEK WAREHOUSE COMPLEX, L.L.C.	
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Principal Place of Business 15499 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162	Mailing Address 15499 W. DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33162
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20005100



2. Principal Place of Business - No P.O. Box # 1970 NE 153 St.	3. Mailing Address Suite, Apt. #, etc.
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02202007 Chg-LLC GR2E083 (12/06)

City & State North Miami Beach, FL	City & State City & State	4. FEI Number 20-4639276	Applied For Not Applicable
Zip 33162	Country USA	Zip Zip	Country Country

5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  KENNEDY, KEVIN 1970 NE 153 ST BAY 6 NORTH MIAMI BEACH, FL 33162	7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span style="font-size: 24px; font-weight: bold;">FL</span> <span>Zip Code</span> </div>
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM KENNEDY, KEVIN	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KENNEDY, KEVIN		NAME		
STREET ADDRESS	9381 E BAY HARBOR DRIVE #203 N		STREET ADDRESS		
CITY - ST - ZIP	BAY HARBOR ISLANDS, FL 33154		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

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:** Kevin Kennedy      Kevin Kennedy      2/21/07      3059454100

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