


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000000487 1. Entity Name SOUTH DADE WAREHOUSES, L.L.C.	
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Principal Place of Business 9150 S.W. 87TH AVENUE, SUITE 205 MIAMI, FL 33176	Mailing Address 9150 S.W. 87TH AVENUE, SUITE 205 MIAMI, FL 33176
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01272005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENFIELD, ALAN E ESQ.
2600 DOUGLAS ROAD, SUITE 911
CORAL GABLES, FL 33134

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

UDD0000263961
03/15/05-80007-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGRM
NAME	GREENSTEIN, STEWART A
STREET ADDRESS	9150 S.W. 87TH AVENUE, SUITE 205
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	MGRM
NAME	GOLDBERG, ROBERT S
STREET ADDRESS	7820 TRAVELERS TREE DRIVE
CITY-ST-ZIP	BOCA RATON, FL 33433
TITLE	MGRM
NAME	BADANES, SAMUEL A
STREET ADDRESS	600 SW 21ST ROAD
CITY-ST-ZIP	MIAMI, FL 33129
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 608, Florida Statutes.

SIGNATURE: *[Signature]* 3/09/05 305-595-1518

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