


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 18, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L99000000487  
 1. Entity Name  
 SOUTH DADE WAREHOUSES, L.L.C.



Principal Place of Business      Mailing Address  
 9150 S.W. 87TH AVENUE, SUITE 205      9150 S.W. 87TH AVENUE, SUITE 205  
 MIAMI, FL 33176      MIAMI, FL 33176

**DO NOT WRITE IN THIS SPACE**



01092006 No Chg-LLC      CR2E083 (11/05)

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

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00**  
**Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

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

01/23/06-80024-016 50.00

**DO NOT WRITE IN THIS SPACE**

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:       11/9/06      305-595-1518  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #