2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE: LOTGE J. ROSEK GEORGE J. RASEKK DIST. MGR.
BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED May 03, 2004 8:00 am Secretary of State

4/28/04 Date

954-946-6262 Daytime Prone #

DOCUMENT # M01000001790 1. Entity Name THE STORE ROOM - ANDREWS AVENUE, L.L.C.					05-03-2004 9	90145 027 *** [,]	*50.00
Principal Place of Business Mailing Address				ž			
51 CAYUGA ROAD FT. LAUDERDALE, FL 33308		51 CAYUGA ROAD FT. Lauderdale, Fl. 33308			24064	215	
2. Principal Pl	ace of Business OUTH ONDREWS OW	3. Mailing Address 500 South andrews are				. 15 41 - 14 44 14 44 15 44 16 41	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04282004 Chg-LLC	CR2E083 (10/0	3)	
Pomparu	o Beach F233069	Pontano Beach To Zip Country		4. FEI Number 65-0776692		Applied For Not Applicable	
33009 - Country		Zip Countr		1	5. Certificate of Status Desired	□ \$5.00 / Fee Requ	Additional iired
	6. Name and Address of Current R	egistered Agent		7. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM							
1200 SOU	TH PINE ISLAND ROAD ON, FL 33324			Street Address (P.O. Box Number is Not Acceptable)			
			L	···			
				ity		FL Zip C	.cooe
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
Filing Fee is \$50.00 Due by May 1, 2004						check payable t Department of S	
9.			10.		ADDITIONS/		
TITLE NAME	MGRM HIGH STREET CAPITAL, L.L.C.	- 5000				☐ Chang	ge Addition
STREET ADDRESS	311 SOUTH WACKER DRIVE, SU	IITE 4550	STREET AL	DDRESS			
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-		ZIP			
TITLE		☐ Delete	TITLE			☐ Chan	ge 🔲 Addition
NAME STREET ADDRESS		NAN STR		DDRESS			
CITY-ST-ZIP		SIK					
TITLE			TITLE			☐ Chang	ge
NAME	***		NAME				,
STREET ADDRESS			STREET AL				}
-CITY=ST-ZIP			_CITY_ST=	ΔIP			
TITLE NAME			TITLE NAME			☐ Chan	ge 🗌 Addition
STREET ADDRESS			STREET AL	DDRESS			ì
CITY-ST-ZIP			CITY-ST-	ZIP			
TITLE			TITLE			Chang	ge 🗌 Addition
NAME STREET ADDRESS			name Street al	nnress			
CITY-ST-ZIP			CITY-ST-	4			
TITLE	☐ Delete TIIT.I		TITLE			☐ Chan	ge
NAME			NAME				
STREET ADDRESS			STREET A				
CITY-ST-ZIP			CITY-ST-			z al	
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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							