


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2007 08:00 AM
Secretary of State

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|---|---|
| DOCUMENT # M01000001790 1. Entity Name THE STORE ROOM - ANDREWS AVENUE, L.L.C. |  |
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|---|---|
| Principal Place of Business 500 S ANDREWS AVE POMPANO BEACH, FL 33069 | Mailing Address 500 S ANDREWS AVE POMPANO BEACH, FL 33069 |
|---|---|

DO NOT WRITE IN THIS SPACE



04242007 No Chg-LLC

CR2E083 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 65-0776692 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 |
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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.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reconstating) | DATE _____ |
|--|---|------------|

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM HOEGAR, KENT 11 S LASALLE ST 5TH FLOOR CHICAGO, IL 60603 |
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U000000734654
05/10/07-80002-013 50.00

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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.

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|---|---------------------------------------|---|
| SIGNATURE: <u>George J. Raszick</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | <u>4/24/07</u> <small>Date</small> | <u>954-946-6262</u> <small>Daytime Phone #</small> |
|---|---------------------------------------|---|