

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001659

Entity Name: ZONE PUBLIC WAREHOUSE, LLC

FILED  
Jan 12, 2005  
Secretary of State

## Current Principal Place of Business:

2305 NW 107TH AVENUE  
DORAL, FL 33172

## New Principal Place of Business:

2305 NW 107TH AVENUE  
107  
DORAL, FL 33172

## Current Mailing Address:

2305 NW 107TH AVENUE  
DORAL, FL 33172

## New Mailing Address:

2305 NW 107TH AVENUE  
107  
DORAL, FL 33172

FEI Number: 20-0909686

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD., INC.  
103 N. MEDRIDIAN STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: CANYON-JOHNSON URBAN, FUND, L.P.  
Address: 9665 WILSHIRE BLVD., SUITE 200  
City-St-Zip: BEVERLY HILLS, CA 90212

Title: MGRM ( ) Delete  
Name: PANTHEON FTZ, LLC,  
Address: 119 WEST 57TH STREET, PENTHOUSE SOUTH  
City-St-Zip: NEW YORK, NY 10019

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: KEN COHEN

MGR

01/12/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date