

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L01000021835

1. Entity Name  
19TH STREET, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY 19 AM 10:39

Principal Place of Business  
3511 NE 22ND AVENUE  
SUITE 350  
FT LAUDERDALE, FL 33308

Mailing Address  
3511 NE 22ND AVENUE  
SUITE 350  
FT LAUDERDALE, FL 33308

**DO NOT WRITE IN THIS SPACE**

04242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
74-3035426

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

SPIGLER, KAREN J  
499 NW 70TH AVENUE, #105  
PLANTATION, FL 33317

**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

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, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
ALBANESE, ARVID L  
3511 NE 22 AVENUE, #350  
FORT LAUDERDALE, FL 33308

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

02/10/04 90107 038 150.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-21-06

Date

Daytime Phone #