


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 09, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L02000019360</b> 1. Entity Name 3290 NORTHEAST 33RD STREET, LLC	
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Principal Place of Business 3200 NORTH OCEAN BOULEVARD, UNIT 509 FT LAUDERDALE, FL 33308	Mailing Address 3200 NORTH OCEAN BOULEVARD, UNIT 509 FT LAUDERDALE, FL 33308
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DO NOT WRITE IN THIS SPACE



04062008 No Chg-LLC      CR2E083 (12/07)

4. FEI Number 83-0355035	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired        **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

LEEDS, MARILYN  
 3200 NORTH OCEAN BOULEVARD, UNIT 509  
 FT LAUDERDALE, FL 33308

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 reinstating)      DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

8. MANAGING MEMBERS/MANAGERS	
TITLE	MGR
NAME	LEEDS, MARILYN
STREET ADDRESS	3200 N OCEAN BLVD #509
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	MGR
NAME	LEEDS, DANIEL
STREET ADDRESS	3200 N. OCEAN BLVD #509
CITY-ST-ZIP	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	

DO NOT WRITE  
IN THIS SPACE

U00000888609  
 04/22/08-80021-004 138.75

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 808, Florida Statutes.

SIGNATURE: Marilyn Leeds      04/08/08 9548181552

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #