

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000004885**

1. Entity Name  
**VAN BUREN STREET PROPERTIES, LLC**



Principal Place of Business <b>2864 HOLLYWOOD BLVD.          HOLLYWOOD, FL 33020</b>	Mailing Address <b>2864 HOLLYWOOD BLVD.          HOLLYWOOD, FL 33020</b>
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**DO NOT WRITE IN THIS SPACE**



01172008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>34-1977852</b>	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

**ATKINSON, WILSON C III  
 1946 TYLER STREET  
 C/O ATKINSON DINER STONE  
 HOLLYWOOD, FL 33020**

**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)  
Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DEE, JAMES D 2864 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA DEE, JON 2864 HOLLYWOOD BLVD HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRA DEE, LARRY 2864 HOLLYWOOD BLVD. HOLLYWOOD, FL 33020
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000832924  
 02/27/08-80080-003 138.75

**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:**  **2/14/08**

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