


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # L03000033426</b>            |  |
| 1. Entity Name<br>1000 37TH PLACE, L.L.C. |   |

|  |  |
|--|--|
| Principal Place of Business<br>816 GAYFEATHER LANE<br>VERO BEACH, FL 32963 | Mailing Address<br>P.O. BOX 3989<br>VERO BEACH, FL 32964 |
|--|--|



02012007 No Chg-LLC CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |                               |
|---|-------------------------------|
| 4. FEI Number<br>20-0228287   | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required |                               |

6. Name and Address of Current Registered Agent

HAFNER, TROY B ESQ.  
979 BEACHLAND BLVD.  
VERO BEACH, FL 32963

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

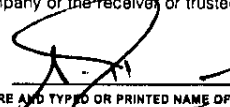
**Filing Fee is \$50.00 Due by May 1, 2007**

U00000637044  
02/26/07-80045-005 50.00

| 9. MANAGING MEMBERS/MANAGERS                       |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>FLINCHUM, RUSSELL J<br>816 GAYFEATHER LANE<br>VERO BEACH, FL 32963 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>FLINCHUM, RANDALL S<br>816 GAYFEATHER LANE<br>VERO BEACH, FL 32963 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

**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:**  **2/12/07** **772/562-6850**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #