2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L04000045630

1. Entity Name

50TH STREET PROPERTY SERVICES, LLC



Feb 12, 2007 08:00 Al Secretary of State

FILED

Principal Place of Business

8413 LAUREL FAIR CIRCLE

SUITE 100 TAMPA, FL 33610 Mailing Address

8413 LAUREL FAIR CIRCLE SUITE 100

TAMPA, FL 33610



01312007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4282339 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAUGHEY, ROGER JII 100 S. ASHLEY DR. **SUITE 2150** TAMPA, FL 33602

the obligations of registered agent.

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SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PEARSON, GLENN 8314 LAUREL FAIR CIRCLE TAMPA, FL 33610		·
NAME STREET ADDRESS CITY-ST-ZIP			000000632473 02/21/07-80025-008 55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
TITLE NAME			

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

supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information adcurate 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 iver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. I hereby certify that the information a indicated on this report is true and a limited liability compa-

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

107

Date

813-4934

Daytime Phone #