2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2006
Secretary of State

DOCUMENT# L05000017550

Entity Name: SECOND STREET LAND DEVELOPMENT LLC

Current Principal Place of Business:

400 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301 US

New Principal Place of Business:

Current Mailing Address:

400 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301 US

New Mailing Address:

FEI Number: 20-3103786 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BLUTH, THOMAS M
400 NORTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: ELLIS, JAMES F
Address: 401 E. LAS OLAS BLVD - SUITE 1500
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: MGRM ( ) Delete
Name: BLUTH, THOMAS M
Address: 401 E. LAS OLAS BLVD - SUITE 1500
City-St-Zip: FORT LAUDERDALE, FL 3331 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: ELLIS, JAMES F
Address: 400 NORTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: MGRM (X) Change ( ) Addition
Name: BLUTH, THOMAS M
Address: 400 NORTH ANDREWS AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS M. BLUTH MGRM 01/26/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date