



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2007 MAR -5 AM 10:32

SECRETARY OF STATE TALLAHASSEE, FLORIDA

<b>DOCUMENT # L05000033290</b>			
1. Entity Name 423 SOUTH H STREET, LLC			
Principal Place of Business 821 SOUTH DIXIE HIGHWAY LAKE WORTH, FL 33460		Mailing Address 821 SOUTH DIXIE HIGHWAY LAKE WORTH, FL 33460	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
RICHARDSON, KEVIN F 1551 FORUM PLACE SUITE 300F WEST PALM BEACH, FL 33401		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM FRANGISKAKIS, SPIRO 821 SOUTH DIXIE HIGHWAY LAKE WORTH, FL 33480 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Spiros Frangiskakis 2-15-07 561-502-0317	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	



01042007 Chg-LLC CR2E083 (12/08)

4. FEI Number 20-2855304 Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

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