

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Jan 22, 2007
Secretary of State**

DOCUMENT# L06000014719

Entity Name: 58TH AVENUE, LLC

Current Principal Place of Business:

2837 1ST AVENUE N.
ST. PETERSBURG, FL 33713 US

New Principal Place of Business:

150 SECOND AVE N.
ST. PETERSBURG, FL 33701 US

Current Mailing Address:

2837 1ST AVENUE N.
ST. PETERSBURG, FL 33713 US

New Mailing Address:

150 SECOND AVE N.
ST. PETERSBURG, FL 33701 US

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS LAW GROUP, PA
2837 1ST AVENUE N
ST. PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

DAVIS, CLIFF
150 SECOND AVE N.
ST. PETERSBURG, FL 33701 US

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: CLIFF DAVIS 01/22/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANDERS, CHRISTOPHER C
Address: 2837 1ST AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33713 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DAVIS, CLIFF
Address: 150 SECOND AVENUE N
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: MGRM () Change (X) Addition
Name: LISTINI, JOHN R
Address: 725 34TH AVENUE NE
City-St-Zip: ST. PETERSBURG, FL 33704 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: CLIFF DAVIS MGRM 01/22/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date