


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90025 036 ****50.00

DOCUMENT # L06000074028

1. Entity Name
 1510 SE 17TH STREET, LLC



Principal Place of Business
 1510 SE 17TH STREET
 FT LAUDERDALE, FL 33316

Mailing Address
 1510 SE 17TH STREET
 FT LAUDERDALE, FL 33316



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03032007 Chg-LLC CR2E083 (12/06)

City & State

4. FEI Number
 20-5266938

Applied For
 Not Applicable

Zip Country

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

6. Name and Address of Current Registered Agent

BSPA CORPORATE SERVICES INC
 350 E LAS OLAS BLVD STE 1000
 FT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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

Make check payable to Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MGRM	JEFF STANLEY	5210 NE 32nd Avenue	Ft. Lauderdale FL 33308	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	Donald Gilman	225 Gregory Road	West Palm Beach, FL 33405	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	Joseph Majcherek	3536 Ensign Circle	Delray, FL 33483	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MGRM	John Joseph McConnell	2732 NE 20th Street	Ft Lauderdale, FL 33305	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: 

X 3/14/07
 Date Daytime Phone #

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

DONALD GILMAN