


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90324 031 \*\*\*138.75

**DOCUMENT # L06000074028**

1. Entity Name  
 1510 SE 17TH STREET, LLC



Principal Place of Business  
 1510 SE 17TH STREET, **STE. 300**  
 FT LAUDERDALE, FL 33316

Mailing Address  
 1510 SE 17TH STREET, **STE. 300**  
 FT LAUDERDALE, FL 33316

2. Principal Place of Business - No P.O. Box #  
**SAME**

3. Mailing Address  
**SAME**

Suite, Apt. #, etc.  
**Ste. 300**

Suite, Apt. #, etc.  
**Ste. 300**

City & State  
**SAME**

City & State  
**SAME**

Zip  
**SAME**

Country

Zip  
**SAME**

Country

04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
 20-5266938

Applied For  
 Not Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

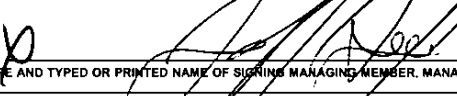
**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STANLEY, JEFF 5210 NE 22ND AVE FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILMAN, DONALD 225 GREGORY RD WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MAJCHEREK, JOSEPH 3536 ENSIGN CIRCLE DELRAY BEACH, FL 33483	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCCONNELL, JOHN J 2732 NE 20TH ST FORT LAUDERDALE, FL 33305	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS / CHANGES**

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

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:**  **4-17-08** **954/525-8112**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #