

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119004

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: 521 NORTH J STREET, LLC

**Current Principal Place of Business:**

500 N DIXIE HWY  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

500 N DIXIE HWY  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 20-8065009

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BUTNER, NARDA E.C.P.A.  
420 CLEMATIS STREET, 2ND FLOOR  
WEST PALM BEACH, FL 33401 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: DIAMENT, SCOTT  
Address: 500 N DIXIE HWY  
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM ( ) Delete  
Name: SAMUELS, ROBERT  
Address: 331 CLEMATIS STREET  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGRM ( ) Delete  
Name: CHARAMONDE, KRIS  
Address: 500 N DIXIE HWY  
City-St-Zip: LAKE WORTH, FL 33460

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT DIAMENT

MGRM

04/29/2009

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