

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075446

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: 730 FIRST STREET ASSOCIATES, LLC

**Current Principal Place of Business:**

555 NE 185TH STREET  
MIAMI, FL 33179

**New Principal Place of Business:**

555 NE 185TH STREET  
#201  
MIAMI, FL 33179

**Current Mailing Address:**

555 NE 185TH STREET  
MIAMI, FL 33179

**New Mailing Address:**

555 NE 185TH STREET  
#201  
MIAMI, FL 33179

FEI Number: 26-4268968

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KLEPACH, BERNARD  
555 NE 185TH STREET  
MIAMI, FL 33179 US

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

KLEPACH, BERNARD  
555 NE 185TH STREET  
#201  
MIAMI, FL 33179 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:

02/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: BK FIRST STREET, LLC  
Address: 555 N.E. 185 STREET, #201  
City-St-Zip: MIAMI, FL 33179

Title: MGRM ( ) Change (X) Addition  
Name: NF FIRST STREET, LLC  
Address: 500 LAKEVIEW COURT  
City-St-Zip: MIAMI BEACH, FL 33140

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: NELSON FOX

MGRM

02/19/2009

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