## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **DOCUMENT # L03000051873**

1. Entity Name 71ST STREET HOLDINGS, LLC

FILED
Jan 18, 2005 08:00 AM
Secretary of State

Principal Place of Business

5301 N. FEDERAL HIGHWAY

SUITE 150 BOCA RATON, FL 33487 US Mailing Address

5301 N. FEDERAL HIGHWAY

SUITE 150

BOCA RATON, FL 33487 US



DO NOT WRITE IN THIS SPACE

01042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 35-2220623 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

TOMASSO, KATHY 5301 N. FEDERAL HIGHWAY SUITE 150 BOCA RATON, FL 33487

## DO NOT WRITE IN THIS SPACE

BOCA RA	TON, FL 33467		
	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or both, in	the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and trille if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 lue by May 1, 2005		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBERS/MANAGERS  MGRM TOMASSO, KATHLEEN 5301 N FEDERAL HIGHWAY ONE, SUITE 150 BOCA RATON, FL 33487		U00000184601
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Ţ	100000184601 11/20/05-80037-010 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO N	IOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN TI	HIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			
TMLE			

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 reperior or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: All

NAME STREET ADDRESS CITY-ST-ZIP

OF PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/4/05

561-997-5770

Daytime Phone #