

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 07, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000056940

1. Entity Name
FIRST STREET PROPERTY, LLC



Principal Place of Business
**404 EAST ATLANTIC BOULEVARD
SUITE 100
POMPANO BEACH, FL 33060**

Mailing Address
**404 EAST ATLANTIC BOULEVARD
SUITE 100
POMPANO BEACH, FL 33060**



01032008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5156559

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FELDMAN, LANNY M
404 EAST ATLANTIC BOULEVARD
SUITE 100
POMPANO BEACH, FL 33060**

**DO NOT WRITE
IN THIS SPACE**

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**

01/08/08-80043-017 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELDMAN, LANNY M 404 EAST ATLANTIC BOULEVARD, SUITE 100 POMPANO BEACH, FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKEL, KEN M 404 EAST ATLANTIC BOULEVARD, SUITE 100 POMPANO BEACH, FL 33060
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**DO NOT WRITE
IN THIS SPACE**

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: Lanny M. Feldman, Managing Member
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/3/08 954-580-0431
Date Daytime Phone #

LANNY M. FELDMAN, MANAGING MEMBER