

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90023 020 \*\*\*138.75

<b>DOCUMENT # L07000066362</b>					
<b>1. Entity Name</b> 17TH STREET PARTNERS SRC, LLC					
<b>Principal Place of Business</b> 230 FIFTH STREET MIAMI BEACH, FL 33139 US			<b>Mailing Address</b> 230 FIFTH STREET MIAMI BEACH, FL 33139 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01082008 Chg-LLC CR2E083 (12/06)	
<b>6. Name and Address of Current Registered Agent</b> RATNER & TOBIN, LLP 1800 SUNSET HARBOUR DRIVE MARINA SUITE #2 MIAMI BEACH, FL 33139				<b>7. Name and Address of New Registered Agent</b> Name <u>Scott Robins</u> Street Address (P.O. Box Number is Not Acceptable) <u>C/O SRC Properties, LLC</u> <u>230 5th Street</u> City <u>Miami Beach</u> FL <u>33139</u>	
<b>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.</b>					
SIGNATURE <u>Scott Robins</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1/14/08</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ROBINS, SCOTT 230 FIFTH STREET MIAMI BEACH, FL 33139	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 606, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>Scott Robins</u> <u>1/14/08</u> <u>3056740600</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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