

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049208

FILED
Apr 13, 2009
Secretary of State

Entity Name: 35TH STREET II, LLC

Current Principal Place of Business:

301 ARTHUR GODFREY RD, STE 530
MIAMI BEACH, FL 33140

New Principal Place of Business:

333 ARTHUR GODFREY RD
318
MIAMI BEACH, FL 33140

Current Mailing Address:

301 ARTHUR GODFREY RD, STE 530
MIAMI BEACH, FL 33140

New Mailing Address:

333 ARTHUR GODFREY RD
318
MIAMI BEACH, FL 33140

FEI Number: 20-1327758

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSE, ELLEN
ONE S.E. 3RD AVENUE, SUITE 2400
MIAMI, FL 33131 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: D () Delete
Name: GLUECKMANN, FERDINAND
Address: 301 41ST ST #530
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: DUNAEVSKY, DOV
Address: 301 41ST ST #530
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES:

Title: PTR (X) Change () Addition
Name: GLUECKMANN, FERDINAND
Address: 333 41ST ST #318
City-St-Zip: MIAMI BEACH, FL 33140

Title: PTR (X) Change () Addition
Name: DUNAEVSKY, DOV
Address: 333 41ST ST. #318
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: FERDINAND GLUECKMANN

PTR

04/13/2009

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