

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001101

Entity Name: 35 NW 54TH ST, L.C.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

419 WEST 49TH STREET, #105
HIALEAH, FL 330123602

New Principal Place of Business:

Current Mailing Address:

419 WEST 49TH STREET, #105
HIALEAH, FL 330123602

New Mailing Address:

FEI Number: 65-0704447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REAL PROPERTY CARE, INC.
419 WEST 49TH STREET, #105
HIALEAH, FL 330123602 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: MGR () Delete
Name: FISHER, RONALD P
Address: 419 WEST 49TH STREET, #105
City-St-Zip: HIALEAH, FL 330123602

Title: MGR () Delete
Name: FISHER, JAMES Q
Address: 419 WEST 49TH STREET, #105
City-St-Zip: HIALEAH, FL 330123602

Title: MGR () Delete
Name: FISHER, RICHARD J
Address: 419 WEST 49TH STREET, #105
City-St-Zip: HIALEAH, FL 330123602

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES Q. FISHER

MGR

04/23/2009

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