

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012225

FILED
Jan 20, 2006
Secretary of State

Entity Name: 19TH STREET GROUP, L.L.C.

Current Principal Place of Business:

1460 56TH STREET WEST
C/O ALAN R. SCHOMMER
VERO BEACH, FL 329662396

New Principal Place of Business:

Current Mailing Address:

1460 56TH STREET WEST
C/O ALAN R. SCHOMMER
VERO BEACH, FL 329662396

New Mailing Address:

FEI Number: 65-1083035 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, STEVE
756 BEACHLAND BLVD.
VERO BEACH, FL 32963 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: MGRM () Delete
Name: SCHOMMER, ALAN R
Address: 1460 56TH STREET WEST
City-St-Zip: VERO BEACH, FL 329662396

Title: MGR () Delete
Name: ROSE, MIKE
Address: 615 18TH COURT
City-St-Zip: VERO BEACH, FL 32962

Title: MGRM () Delete
Name: SCHOMMER, VICKI
Address: 1460 56TH SQUARE WEST
City-St-Zip: VERO BEACH, FL 329662396

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 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: ALAN SCHOMMER MGRM 01/20/2006

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