


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000000251</b> 1. Entity Name 37 WEST SEMINOLE STREET, LLC	
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Principal Place of Business 37 WEST SEMINOLE STUART, FL 34994	Mailing Address 701 E OCEAN BLVD STUART, FL 34994
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<b>DO NOT WRITE IN THIS SPACE</b>
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01092008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-1103449	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  LUCIDO, THOMAS P 701 E OCEAN BLVD STUART, FL 34994
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>
DATE _____

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUCIDO, THOMAS 701 E OCEAN BLVD STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVANT, DIANNE 41 SW SEMINOLE STREET STUART, FL 34994
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR JORGE, GARCIA 781 PRK OF COMM DR 118 BOCA RATON, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTI, HUIZENGA 13054 GILSON RD PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000794068 01/25/08-80033-019 138.75</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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.
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<b>SIGNATURE:</b>  Member. 1/15/08	Date	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		