

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90107 038 ***150.00

DOCUMENT # L01000021835

1. Entity Name
19TH STREET, LLC



Principal Place of Business
3511 NE 22ND AVENUE
SUITE 350
FT LAUDERDALE, FL 33308

Mailing Address
3511 NE 22ND AVENUE
SUITE 350
FT LAUDERDALE, FL 33308

DO NOT WRITE IN THIS SPACE



02042004No Chg-LLC

CR2E083 (10/03)

4. FEI Number
74-3035426

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SPIGLER, KAREN J
499 NW 70TH AVENUE, #105
PLANTATION, FL 33317

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ALBANESE, ARVID L
3511 NE 22 AVENUE, #350
FORT LAUDERDALE, FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/6/04 954-537-5544

Date

Daytime Phone #