#### 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

### **DOCUMENT # L01000021835**

1. Entity Name 19TH STREET, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 20 AM 11:41

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



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01062005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	 Applied For		
74-3035426	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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	e named entity submits this statement for the purpose of char tions of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE.				
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
	lling Fee is \$50.00 tue by May 1, 2005 MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ALBANESE, ARVID L 3511 NE 22 AVENUE, #350 FORT LAUDERDALE, FL 33308	02/10/04	90107-038-\$50.00	
TITLE NAME STREET ADDRESS				

# TITLE ---NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS EITHER STREET ADDRESS

# DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with his 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 ilmited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

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

Date

Daytime Phone #