



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90082 025 ***138.75

DOCUMENT # L02000011786 1. Entity Name 1833 57TH STREET, LLC					
Principal Place of Business 4131 BOCA POINTE DRIVE SARASOTA, FL 34238			Mailing Address 4131 BOCA POINTE DRIVE SARASOTA, FL 34238		
2. Principal Place of Business - No P.O. Box # <i>1330 Main Street</i>		3. Mailing Address <i>1330 Main Street</i>			
Suite, Apt. #, etc. <i>#9</i>		Suite, Apt. #, etc. <i>#9</i>			
City & State <i>Sarasota, FL</i>		City & State <i>Sarasota, FL</i>			
Zip <i>34236</i>		Zip <i>34236</i>			
Country <i>USA</i>		Country <i>USA</i>		01152008 Chg-LLC CR2E083 (12/06)	
4. FEI Number 02-0617540				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent MEDLOCK, JESSE 4131 BOCA POINTE DRIVE SARASOTA, FL 34238	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <i>1330 Main Street #9</i> City <i>Sarasota</i> FL Zip Code <i>34236</i>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MEDLOCK INVESTMENTS, LLC 4131 BOCA POINTE DRIVE SARASOTA, FL 34238	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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.					
SIGNATURE: <i>Jesse Medlock</i> <i>Jesse Medlock</i> <i>3-17-08</i> <i>941-371-6520</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					