2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 19, 2005 8:00 am Secretary of State

DOCUMENT # L02000021084 1. Entity Name 57TH STREET, LLC				04-19-2005 90022 048 ****50.00		
Principal Place of Business Mailing Address				<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>		
1490 BOULEVARD OF THE ARTS SARASOTA, FL 34236 US		PO BOX 4241 SARASOTA, FL 34230 US		A MARITAN AND ARTIR MAIN COIN COIN C	1814 FTIIR 12881 1186 WOLES 1816 Alie	EDL 69 1661
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04072005 Chg-LLC	CR2E083 (10/03)	
City & State		City & State		4. FEI Number 55-0848779	j	plied For t Applicable
Zip	Country : 14,	Zip	Country	5. Certificate of Status Desired	Fee Required	
	6 Name and Address of Current	Registered Agent	Name	7Name and Address of New	Registered Agent _	
CALDERON, VICTOR F 1490 BOULEVARD OF THE ARTS SARASOTA, FL 34236				Street Address (P.O. Box Number is Not Acceptable)		
		City		FL Zip Code	•	
	named entity submits this statement foions of registered agent.	r the purpose of changing its	registered office or regis	stered agent, or both, in the State of		and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOT	E: Registered Agent signature regi	uired when reinstating)	DATE	
						L.
Fi Di	iling Fee Is \$50.00 ue by May 1, 2005			M	ake check payable to da Department of State	•
Fi Di	iling Fee Is \$50.00		10.	M. Flori	ake check payable to	3
9.	iling Fee Is \$50.00 ue by May 1, 2005 MANAGING MEMBE		10. TITLE	M. Flori	ake check payable to da Department of State	Addition
9. TITLE NAME	iling Fee Is \$50.00 ue by May 1, 2005 MANAGING MEMBE MGRM CALDERON, VICTOR F	RS/MANAGERS	10. TITLE NAME	M. Flori	ake check payable to Ida Department of State	
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9. TITLE NAME STREET ADDRESS	iling Fee Is \$50.00 ue by May 1, 2005 MANAGING MEMBE MGRM CALDERON, VICTOR F 1490 BLVD OF THE ARTS	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	M. Flori	ake check payable to Ida Department of State	
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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 eath; that I am a managing member or manager of the limited liability company or the receiver of true tee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND THE OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

941-366-3708