2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L02000021084

1. Entity Name
57TH STREET, LLC

FILED
06 SEP -5 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
4040 RED ROCK LN SARASOTA, FL 34231 US	PO BOX 4241 SARASOTA, FL 34230 US

09012006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
950 S. Tamiami Trail	950 S. Tamiami Trail
Suite, Apt. #, etc. Suite 204	Suite, Apt. #, etc. Suite 204
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34236 Country	Zip 34236 Country

4. FEI Number
55-0848779
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CALDERON, VICTOR F 4040 RED ROCK LN SARASOTA, FL 34231	Name: Doerr, Kenneth D. Street Address (P.O. Box Number is Not Acceptable): 240 S. Pineapple Ave., 10th Floor City: Sarasota **FL** Zip Code: 34236

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 _____ Kenneth D. Doerr, Reg. Agent 8/31/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $50.00

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CALDERON, VICTOR F 4040 RED ROCK LN SARASOTA, FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Libby, Harold L. 950 S. Tamiami Trail, Suite 204 Sarasota, FL 34236	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Rosen, Martin J. 672 Jungle Queen Way Longboat Key, FL 34228	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500079729185 09/12/06--01050--010 **50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: _____ Kenneth D. Doerr, Auth Rep. 8/31/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #