


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90047 012 ****50.00

DOCUMENT # L02000025463			
1. Entity Name THE 3511 35TH STREET, L.C.		Mailing Address C/O JACK O. HACKETT II, ESQ. P.O. DRAWER 511447 PUNTA GORDA, FL 33951-1447	
Principal Place of Business 99 NESBIT STREET PUNTA GORDA, FL 33950		Mailing Address C/O JACK O. HACKETT II, ESQ. P.O. DRAWER 511447 PUNTA GORDA, FL 33951-1447	
2. Principal Place of Business		3. Mailing Address <i>One Joy Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Boston MA</i>	
Zip	Country	Zip <i>02108</i>	Country
6. Name and Address of Current Registered Agent HACKETT, JACK O II, ESQ. C/O FARR, FARR, ET AL 99 NESBIT STREET PUNTA GORDA, FL 33950		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PARAFESTAS, ANASTASIOS C/O THE BOLLARD GROUP ONE JOY ST BOSTON, MA 02108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 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: <i>Antonafestas</i>		Date: <i>4/28/05</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

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04272005 Chg-LLC CR2E083 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required