

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90064 040 \*\*\*\*50.00

DOCUMENT # L02000033126

1. Entity Name  
STREAT PROPERTIES, LLC



Principal Place of Business  
254 N.W. 6TH AVENUE  
BOCA RATON, FL 33432

Mailing Address  
254 N.W. 6TH AVENUE  
BOCA RATON, FL 33432



2. Principal Place of Business  
**250 NW 5th AVENUE**  
Suite, Apt. #, etc.

3. Mailing Address  
**250 NW 5th AVENUE**  
Suite, Apt. #, etc.

04262004 Chg-LLC CR2E083 (10/03)

City & State  
**BOCA RATON FL**  
Zip  
**33432**  
Country  
**USA**

City & State  
**BOCA RATON FL**  
Zip  
**33432**  
Country  
**USA**

4. FEI Number  
**65-1163449**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

STREAT, PHILIP P  
254 N.W. 6TH AVENUE  
BOCA RATON, FL 33432

7. Name and Address of New Registered Agent

Name  
**SAME**  
Street Address (P.O. Box Number is Not Acceptable)  
**250 NW 5th AVENUE**  
City  
**BOCA RATON FL** Zip Code  
**33432**

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 Philip Street

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

4/26/04  
DATE

**Filing Fee is \$50.00  
Due by May 1, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
STREAT, PHILIP P  
254 N.W. 6TH AVENUE  
BOCA RATON, FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☒ Change ☐ Addition  
**250 NW 5th AVENUE  
BOCA RATON FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ 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: Philip Street

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

4/26/04 561-251-8120  
Date Daytime Phone #