
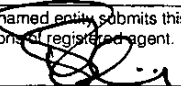
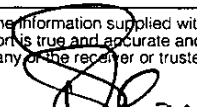


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90076 024 \*\*\*\*55.00

<b>DOCUMENT # L03000003281</b>					
<b>1. Entity Name</b> -16TH STREET DEVELOPMENTS, LLC					
<b>Principal Place of Business</b> 2830 NE 52ND ST FT LAUDERDALE, FL 33308 US			<b>Mailing Address</b> 2830 NE 52ND ST FT LAUDERDALE, FL 33308 US		
<b>2. Principal Place of Business</b> 370 EAST TIC NAB ROAD Suite, Apt. #, etc.		<b>3. Mailing Address</b> 370 EAST TIC NAB ROAD Suite, Apt. #, etc.			
<b>City &amp; State</b> Pompano Beach, FL Zip: 33060 Country: USA		<b>City &amp; State</b> Pompano Beach, FL Zip: 33060 Country: U.S.A.		<b>4. FEI Number</b> 51-0442496	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> SCHRODER, DAVID V 951 NORTHWEST 110TH AVENUE CORAL SPRINGS, FL 33074			<b>7. Name and Address of New Registered Agent</b> Name: SCHRODER, DAVID V Street Address (P.O. Box Number is Not Acceptable): 2830 N.E. 52nd STREET City: FORT LAUDERDALE FL Zip Code: 33308		
<b>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.</b> SIGNATURE:  DAVID U. SCHRODER DATE: 1/12/05 <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
<b>TITLE</b> MGRM <b>NAME</b> SCHRODER, DAVID V <b>STREET ADDRESS</b> 951 NORTHWEST 110TH AVENUE <b>CITY - ST - ZIP</b> CORAL SPRINGS, FL 33074	<input type="checkbox"/> Delete		<b>TITLE</b> MGRM <b>NAME</b> SCHRODER, DAVID U. <b>STREET ADDRESS</b> 2830 N.E. 52nd STREET <b>CITY - ST - ZIP</b> FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> MGRM <b>NAME</b> SILLATO, EUGENIO <b>STREET ADDRESS</b> 2453 S.E. 15TH STREET <b>CITY - ST - ZIP</b> POMPANO BEACH, FL 33062	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b>  DAVID U. SCHRODER			1/12/05 954 768 1791		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		