

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 10, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000009340 <small>1. Entity Name</small> 710 N BIRCH, LLC					
<small>Principal Place of Business</small> C/O 1164 ASSOCIATES, LLC 1164 EAST OAKLAND PARK BLVD., STE 300 OAKLAND PARK, FL 33334			<small>Mailing Address</small> C/O 1164 ASSOCIATES, LLC 1164 EAST OAKLAND PARK BLVD., STE 300 OAKLAND PARK, FL 33334		
<small>2. Principal Place of Business</small>			<small>3. Mailing Address</small>		
<small>Suite, Apt. #, etc.</small>			<small>Suite, Apt. #, etc.</small>		
<small>City & State</small>			<small>City & State</small>		
<small>Zip</small>		<small>Country</small>		<small>Zip</small>	
<small>Country</small>		<small>Country</small>		<small>4. FEI Number</small> 86-1052302	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/> \$5.00 Additional Fee Required				<small>Applied For</small> <input type="checkbox"/> Not Applicable	
<small>6. Name and Address of Current Registered Agent</small> DEBENEDICTIS, ROBERT N C/O 1164 ASSOCIATES, LLC 1164 EAST OAKLAND PARK BLVD., STE 300 OAKLAND PARK, FL 33334				<small>7. Name and Address of New Registered Agent</small>	
<small>Name</small>				<small>Name</small>	
<small>Street Address (P.O. Box Number is Not Acceptable)</small>				<small>Street Address (P.O. Box Number is Not Acceptable)</small>	
<small>City</small>				<small>City</small>	
<small>FL</small>				<small>Zip Code</small>	
<small>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.</small>					
<small>SIGNATURE</small>					
<small>Signature typed or printed name of registered agent and title if applicable</small>					
<small>(NOTE: Registered Agent signature required when reinstating)</small>					
<small>DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
<small>9. MANAGING MEMBERS/MANAGERS</small>			<small>10. ADDITIONS/CHANGES</small>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	MGRM DEBENEDICTIS, ROBERT N 227 E 56 STREET, SUITE 400 NEW YORK, NY 10022	<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		<input type="checkbox"/> Delete			
<small>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 60B, Florida Statutes.</small>					
SIGNATURE			2-8-05		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date</small>		
			<small>Daytime Phone #</small>		