


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90038 002 ****50.00

DOCUMENT # L03000019110 1. Entity Name 37TH STREET, LLC					
Principal Place of Business 3165 WEST 4 AVE. HIALEAH, FL 33012			Mailing Address 3165 WEST 4 AVE. HIALEAH, FL 33012		
2. Principal Place of Business <i>6500 Cowpen Rd.</i>		3. Mailing Address <i>6500 Cowpen Rd.</i>			
Suite, Apt. #, etc. <i>301</i>		Suite, Apt. #, etc. <i>301</i>			
City & State <i>Miami Lakes, FL</i>		City & State <i>Miami Lakes, FL</i>		4. FEI Number 33-1059176	
Zip <i>33014</i>		Country <i>U.S.A</i>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KEIL, DANIEL M 3165 WEST 4 AVE. HIALEAH, FL 33012		7. Name and Address of New Registered Agent Name <i>Daniel M. Keil</i> Street Address (P.O. Box Number is Not Acceptable) <i>6500 Cowpen Rd. Suite 301</i> City <i>Miami Lakes</i> FL Zip Code <i>33014</i>			
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 <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE <i>4/25/05</i>					
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 GONZALEZ, ALBERT O 3165 WEST 4 AVE. HIALEAH, FL 33012	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>6500 Cowpen Rd. Suite 301</i> <i>Miami Lakes, FL 33014</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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 a receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <i>[Signature]</i> DATE <i>4/25/05</i> DAYTIME PHONE # <i>305 883-6600</i>					