FILED
Apr 28, 2004 8:00 am
Secretary of State

4/7/2

04-07-2004 90348 028 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000020870

1. Entity Name
62ND STREET, LLC

34004503

Principal Place of Business	Mailing Address
7491 WEST OAKLAND PARK BLVD. SUITE 306 FT. LAUDERDALE, FL 33319	7491 WEST OAKLAND PARK BLVD. SUITE 306 FT. LAUDERDALE, FL 33319

03102004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1175 NE 125th Street	1175 NE 125th Street
Suite, Apt. #, etc.: Suite 103	Suite, Apt. #, etc.: Suite 103
City & State: North Miami, FL	City & State: North Miami, FL
Zip: 33161 Country: US	Zip: 33161 Country: US

4. FEI Number: 58-2674445 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KOLSKY, SINKLE 7491 WEST OAKLAND PARK BLVD. SUITE 306 FT. LAUDERDALE, FL 33319	Name: Kolsky, Sinkle Street Address (P.O. Box Number Is Not Acceptable): 1175 NE 125th Street Suite 103 City: North Miami FL Zip Code: 33161

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: Debra Sinkle Kolsky 3/13/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Redevco 62 St, LLC 1175 NE 125th St., Ste103 North Miami, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGM NAME: Redevco 62nd St, LLC 1175 NE 125th St, Ste103 North Miami, FL 33161	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / 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: Debra Sinkle Kolsky 3/13/04 305-981-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #