2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 17, 2004 8:00 am Secretary of State

DOCUMENT # L03000027296 1. Entity Name 15TH STREET, LLC					03-17-2004 9027	5 031 ****50	J.00	
Principal Place of Business 1235 SPANISH RIVER ROAD BOCA RATON, FL 33432		Mailing Address 1235 SPANISH RIVER ROAD BOCA RATON, FL 33432		24023720				
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2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite. Apt. #, etc.		03042004 Chg-LLC CR	2E083 (10/03)			
City & State		City & State			4. FEI Number 15-1581615		pplied For nt Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	\$5.00 Add		
6.	Name and Address of Current R	egistered Agent			7Name and Address of New Register	red Agent		
			Name					
RICHARD B. MACFARLAND, P.A. 7777 GLADES ROAD, SUITE 300 BOCA RATON, FL 33434			Street A	Street Address (P.O. Box Number is Not Acceptable)				
BOCA RATON	, FL 00404					· · · · · · · · · · · · · · · · · · ·		
			City			FL Zip Cod	9	
	ed entity submits this statement for of registered agent.	the purpose of changing its re	gistered office o	r register	ed agent, or both, in the State of Florida. I	am familiar with,	and accept	
SIGNATURE								
Signali	ure, typad or printed name of registered agent as	nd true if applicable. (NOTE: I	Registered Agent signs:	tura required	wnen reinstaling) D/	NTE	***************************************	
Filing Fee is \$50.00 Due by May 1, 2004					EGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGGG		0.000.000.000.000.000.000.000	
Due b	y May 1, 2004				Florida Depr	ck payable to urtment of State	9	
Due b	Fee is \$50.00 y May 1, 2004 MANAGING MEMBER		10.		Florida Depa ADDITIONS/CHAN	eriment of State		
Due b	y May 1, 2004	BS/MANAGERS Delete	10. III E NAME STREET ADDRESS CITY-ST-ZIP	Man Tel 69	ADDITIONS/CHAN	intriment of State GES	e ☑ Áddition	
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11. I hereby certify that the information supplied with this filling 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.

INTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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