


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Jan 14, 2008 08:00 AM
Secretary of State**

DOCUMENT # L03000035756	
1. Entity Name 90TH STREET, LLC	

Principal Place of Business 700 NE 90TH STREET A MIAMI, FL 33138	Mailing Address 700 NE 90TH STREET A MIAMI, FL 33138
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01102008No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2408737	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

BAIRD, STEVEN K
5981 NE 6TH AVE.
MIAMI, FL 33137

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**


U00000781887
01/15/08-80052-011 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAWSON, SUSAN 700 NE 90TH STREET, SUITE A MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLISLE, DAVID 700 NE 90TH STREET, SUITE A MIAMI, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DOWSON, NANCY 700 NE 90TH STREET, SUITE A MIAMI SHORES, FL 33138
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **1/10/08 305.694.5353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #