

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000037659

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: 29TH STREET GALLERY SPACE, LLC

**Current Principal Place of Business:**

48-70 N.W. 29TH STREET  
MIAMI, FL 33127

**New Principal Place of Business:**

**Current Mailing Address:**

167 NW 25 STREET  
MIAMI, FL 33127

**New Mailing Address:**

FEI Number: 72-1572548

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LOMBARDI, DAVID  
167 N.W. 25TH STREET  
MIAMI, FL 33127 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LOMBARDI, DAVID  
Address: 167 NW 25TH STREET  
City-St-Zip: MIAMI, FL, FL 33127

Title: MGR ( ) Delete  
Name: GOLDSTEIN, MICHAEL  
Address: 2121 PONCE DE LEON #1100  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: HORWITZ, SANFORD  
Address: 2121 PONCE DE LEON #1100  
City-St-Zip: MIAMI, FL 33134

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID LOMBARDI

MGR

04/19/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date