


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000037801</b> 1. Entity Name 55 NW 30TH STREET, LLC	
--	---

Principal Place of Business <b>ONEALS LITMAN P.A.</b> 2900 SW 28TH TERR GROVE PLAZA-2ND FLOOR MIAMI, FL 33133	Mailing Address <b>ONEALS LITMAN P.A.</b> 2900 SW 28TH TERR GROVE PLAZA-2ND FLOOR MIAMI, FL 33133
--	--



03082005 No Chg-LLC      CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>36-4546198</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  <b>NEAL S. LITMAN, P.A.</b> GROBE PLAZA-SECOND FLOOR 2900 SW 28TH TERR COCONUT GROVE, FL 33133
--

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 _____
-----------------	--	------------

Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00  
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LOUGHEAD, LINFORD L 55 NW 30TH MIAMI, FL 33127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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

000000279849  
03/29/05-80014-018 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 	Date <b>MAR 2005</b>	Daytime Phone # <b>305-968-6888</b>
--	-------------------------	--

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE