2007 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** Feb 08, 2007 08:00 A Secretary of State DOCUMENT # L04000010987 1. Entity Name 534, LLC Principal Place of Business Mailing Address 34 SOUTH HARBOR DRIVE 24 DOCKSIDE LANE, PMB#41 KEY LARGO, FL 33037 KEY LARGO, FL 33037 02052007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE SIMS, NELSON M 34 SOUTH HARBOR DRIVE KEY LARGO, FL 33037 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) Filing Fee is \$50.00 MANAGING MEMBERS/MANAGERS 9, MGRM TITLE SIMS, NELSON M NAME 34 SOUTH HARBOR DRIVE STREET ADDRESS KEY LARGO, FL 33037 CITY-ST-7IP TITLE MEENAN, JAMES NAME STREET ADDRESS 5 HARDWOOD HAMMOCK LANE KEY LARGO, FL 33037 CITY-ST-7IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP : TITLE

11. I hereby certify that the information supplied with this filling 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 immited liability company or the receiver or trusted impowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS CITY-ST-7IP

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