## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000012931

Name:

Address:

City-St-Zip:

86 W 3RD STREET

NEW YORK, NY 10012

Entity Name: 1564 MAIN STREET, LLC

FILED Mar 20, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2033 MAIN STREET, SUITE 600 8470 ENTERPRISE CIRCLE SARASOTA, FL 34237 SUITE 201 BRADENTON, FL 34202 US **Current Mailing Address: New Mailing Address:** 2033 MAIN STREET, SUITE 600 8470 ENTERPRISE CIRCLE SARASOTA, FL 34237 SUITE 201 BRADENTO, FL 34202 US FEI Number: 11-3715142 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PFLUGNER, J. GEOFFREY PFLUGNER, J. GEOFFREY 2033 MAIN STREET, SUITE 600 8470 ENTERPRISE CIRCLE SARASOTA, FL 34237 SUITE 201 BRADENTON, FL 34202 US 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: J GEOFFREY PFLUGNER 03/20/2007 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete MASCI, GINO Name: Name: 86 W 3RD STREET Address: Address: City-St-Zip: NEW YORK, NY 10012 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: MASCI, CATHERINE R Name: Address: 86 W 3RD STREET Address: City-St-Zip: NEW YORK, NY 10012 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MASCI, FERNANDO Name: Name: Address: 86 W 3RD STREET Address: City-St-Zip: NEW YORK, NY 10012 City-St-Zip: Title: MGR ( ) Delete Title: () Change () Addition MASCI, COLUMBA

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.

Name:

Address:

City-St-Zip:

SIGNATURE: GINO MASCI 03/20/2007