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2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED L04000015560

2005 JUL 11 AM 11:02
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L04000015560

1. Entity Name
98TH STREET ASSOCIATES, LLC

Principal Place of Business
9034 CONGRESSIONAL PARKWAY
POTOMAC, MD 20854

Mailing Address
9034 CONGRESSIONAL PARKWAY
POTOMAC, MD 20854

03222005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
3006 Aviation Ave.	
Suite, Apt. #, etc.: Suite 3A	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State
Zip: 33133 Country: Miami-Dade	Zip / Country

4. FEI Number — ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

~~GOTTLIEB, BRUCE M ESQ~~
~~125 NORTH 46TH AVENUE~~
~~HOLLYWOOD FL 33021~~

7. Name and Address of New Registered Agent

Name: Maria T. Pantin
Street Address (P.O. Box Number is Not Acceptable): 3125 Jackson Avenue
City: Miami FL Zip Code: 33133

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: Maria T. Pantin
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FULTON, STANLEY M 9034 CONGRESSIONAL PARKWAY POTOMAC, MD 20854 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Maria T. Pantin 3006 Aviation Ave, Suite 3A Miami, Florida 33133 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Stanley M. Fulton 4-27-5
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #