

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 17, 2005 8:00 am
Secretary of State

02-18-2005 90130 031 ****50.00

DOCUMENT # L04000016138 1. Entity Name FIFTEENTH STREET, LLC			
Principal Place of Business 1460 OCEAN SHORE BLVD. ORMOND BEACH FL 32176		Mailing Address 1460 OCEAN SHORE BLVD. ORMOND BEACH FL 32176	
2. Principal Place of Business 115 E. Granada Blvd Suite, Apt. #, etc. Suite 12 City & State Ormond Beach FL Zip 32176		3. Mailing Address 115 E. Granada Blvd Suite, Apt. #, etc. Suite 12 City & State Ormond Beach FL Zip 32176	
4. FEI Number 16-1692677		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent HILLMAN, ROBERT L 1460 OCEAN SHORE BLVD. ORMOND BEACH FL 32176	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 115 E. Granada Blvd Suite 12 City Ormond Beach		State FL	
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.		Zip Code 32176	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	NAME HILLMAN, ROBERT L	TITLE Change	NAME 115 E. Granada Blvd. Suite 12
STREET ADDRESS 1460 OCEAN SHORE BLVD.	CITY-ST-ZIP ORMOND BEACH FL 32176	STREET ADDRESS Ormond Beach FL 32176	CITY-ST-ZIP 32176
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
TITLE _____	NAME _____	TITLE _____	NAME _____
STREET ADDRESS _____	CITY-ST-ZIP _____	STREET ADDRESS _____	CITY-ST-ZIP _____
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:		2/14/05 386-677-7847	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	