

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90180 046 \*\*\*\*50.00

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L04000016138**

1. Entity Name  
**FIFTEENTH STREET, LLC**



Principal Place of Business  
**115 EAST GRANADA BOULEVARD  
SUITE 12  
ORMOND BEACH, FL 32176 US**

Mailing Address  
**115 EAST GRANADA BOULEVARD  
SUITE 12  
ORMOND BEACH, FL 32176 US**

**DO NOT WRITE IN THIS SPACE**



01082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**16-1692677**

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**HILLMAN, ROBERT L  
115 EAST GRANADA BOULEVARD  
SUITE 12  
ORMOND BEACH, FL 32176**

**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

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

(NOTE: Registered Agent signature required when resigning)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	HILLMAN, ROBERT L
STREET ADDRESS	115 EAST GRANADA BOULEVARD SUITE 12
CITY- ST- ZIP	ORMOND BEACH, FL 32176
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**

11. I hereby certify that the information supplied with this filing 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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

**SIGNATURE:**

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

**4/6/07**

Date

Daytime Phone #