## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT



DOCUMENT # L04000021749  1. Entity Name 539 37TH STREET, LLC			(			04-06-2006 90299 026 ****50.00		
Principal Place of Business Mailing Address						20	025575	
941 LAUREL ROAD NORTH PALM BEACH, FL 33408		941 LAUREL ROAD North Palm Beach, FL 33408			20	0.0010		
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03292006	Chg-LLC	CR2E083 (11/05)		
City & State		City & State		4. FEI Numb 20-089		<del></del>	plied For t Applicable	
Zip	Country	Zip	Country	у	5. Certificate	of Status Desired	S5.00 Add	
	6. Name and Address of Current F	Registered Agent			7. Name and	Address of New Re	•	
CONCIDING IOSERIA				Name				
CONSIDINE, JOSEPH M 5 <del>15 NORTH FLAGLER PRIVE, SUITE 702</del>				Street Address (P.O. Box Number is Not Acceptable)				
WEST PALM BEACH, FL 33401.				<b>52</b> 01	1 Village	BluQ.	Suitec	
				Sity ES	ST FALM	BEACH	FL Zip Code	<b>5</b> 77
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 tible if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
	Signature, typed or printed name of registered agent and title if applicable. (NOTE:				required when reinstation)		DATE	
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered /	Agent signature r	required when reinstating)		DATE	
Fi	Signature, typed or printed name or registered agent a lling Fee is \$50.00 ue by May 1, 2006	nd title if applicable. (NOTE	E: Registered /	Agent signature r	required when reinstating)		check payable to Department of State	9
Fi	ling Fee is \$50.00		E: Registered /	Agent signature r	required when reinstating)		e check payable to Department of State	9
Fi Di 9.	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR		10.	Agent signature r	required when reinstating)	Florida	e check payable to Department of State	Addition
Fi D:	ling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER	RS/MANAGERS	10. TITLE NAME	I ADDRESS	required when reinstating)	Florida	e check payable to Department of State CHANGES	
9. IIILE NAME	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR.	RS/MANAGERS	10. TITLE NAME	I ADDRESS	required when reinstating)	Florida	e check payable to Department of State CHANGES	
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	RS/MANAGERS	10. TITLE NAME STREET CITY-S	I ADDRESS	required when reinstating)	Florida	e check payable to Department of State CHANGES	
9. IIILE NAME STREET ADDRESS CITY-ST-ZIP	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	RS/MANAGERS  Delete	10. TITLE NAME STREET CITY-S TITLE NAME	I ADDRESS	required when reinstating)	Florida	e check payable to Department of State CHANGES  Change	Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	RS/MANAGERS  Delete	10. TITLE NAME STREET CITY-S TITLE NAME	T ADDRESS ST-ZIP	required when reinstating)	Florida	e check payable to Department of State CHANGES  Change	Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	RS/MANAGERS  Delete	10. THE NAME STREET CITY-S THE NAME STREET CITY-S THE THE NAME STREET CITY-S	T ADDRESS ST-ZIP	required when reinstating)	Florida	e check payable to Department of State CHANGES  Change	Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	RS/MANAGERS  Delete  B	10. THE NAME STREET CITY-S THE NAME STREET CITY-S THE NAME STREET CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required when reinstating)	Florida	check payable to Department of State CHANGES  Change	Addition Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	RS/MANAGERS  Delete  B	10. THE NAME STREET CITY-S THE NAME STREET CITY-S THE NAME STREET CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required when reinstating)	Florida	check payable to Department of State CHANGES  Change	Addition Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	RS/MANAGERS  Delete  B	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET TITLE NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required when reinstating)	Florida	check payable to Department of State CHANGES  Change	Addition Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	B Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME	T ADDRESS ST-ZIP T ADDRESS ST-ZIP	required when reinstating)	Florida	check payable to Department of State CHANGES  Change  Change	Addition Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	B Delete	10. TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S TITLE NAME NAME NAME	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	required when reinstating)	Florida	check payable to Department of State CHANGES  Change  Change	Addition Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	B Delete	10. THE NAME STREET CITY-S	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	required when reinstating)	Florida	check payable to Department of State CHANGES  Change  Change	Addition Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	B Delete  Delete  Delete  Delete	10. THE NAME STREET CITY-S	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	required when reinstating)	Florida	check payable to Department of State  CHANGES  Change  Change	Addition Addition Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	B Delete  Delete  Delete  Delete	10. THE NAME STREET CITY-S	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS	required when reinstating)	Florida	check payable to Department of State  CHANGES  Change  Change	Addition Addition Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	B Delete  Delete  Delete  Delete	10. THE NAME STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS	required when reinstating)	Florida	check payable to Department of State  CHANGES  Change  Change	Addition Addition Addition
9.  IIILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	B Delete  Delete  Delete  Delete  Delete	10. THE NAME STREET CITY-S	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	required when reinstating)	Florida	CHANGES  Change  Change  Change	Addition Addition Addition Addition
9.  IITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	lling Fee is \$50.00 ue by May 1, 2006 MANAGING MEMBER MGR HAMILTON, HARRY JR. 941 LAUREL ROAD	B Delete  Delete  Delete  Delete  Delete	10. THE NAME STREET CITY-S	T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP  T ADDRESS ST-ZIP	required when reinstating)	Florida	CHANGES  Change  Change  Change	Addition Addition Addition Addition

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 anothat 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 of true empowered to execute this report as required by Chapter 608, Florida Statutes.

56 / 776 9295

SIGNATURE

R PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date