

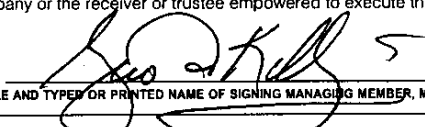


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90043 026 ****50.00

DOCUMENT # L04000027968 1. Entity Name 25TH STREET, LLC							
Principal Place of Business 621 SE CENTRAL PARKWAY STUART, FL 34994			Mailing Address 621 SE CENTRAL PARKWAY STUART, FL 34994				
2. Principal Place of Business 1935 Commerce Ln #5		3. Mailing Address 1935 Commerce Ln #5					
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 					
City & State Jupiter FL		City & State Jupiter FL					
Zip 33458		Country USA		4. FEI Number 32-0113810			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required		02212006 Chg-LLC CR2E083 (11/05)			
6. Name and Address of Current Registered Agent KELLY, GEORGE T IV 621 SE CENTRAL PARKWAY STUART, FL 34994						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1935 Commerce Lane, Suite 5 City Jupiter, FL 33458 FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State				
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLY, GEORGE T IV 621 SE CENTRAL PARKWAY STUART, FL 34994 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1935 Commerce Lane, Suite 5 Jupiter, FL 33458				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, GARNETT P O BOX 1307 JUPITER, FL 33468 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANCOVILLA, EUGENE 27 PENNOCK LANE, STE 205 JUPITER, FL 33458 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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 608, Florida Statutes.							
SIGNATURE: 			Date 2/27/06 Daytime Phone # 561-743-7381				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE							