2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State
03-03-2006 90006 024 ****50.00

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1. Entity Name
17TH STREET SQUARE, LLC

Principal Place of Business	Mailing Address
1300 SE 17 STREET, SUITE 210 FORT LAUDERDALE, FL 33316	1300 SE 17 STREET, SUITE 210 FORT LAUDERDALE, FL 33316

DO NOT WRITE IN THIS SPACE

02222006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1818760
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARTIN, ANDREW L
1300 SE 17TH STREET, STE 210
FORT LAUDERDALE, FL 33316

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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 reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PLAZA CAUSEWAY, INC.
STREET ADDRESS	1300 SE 17 STREET, SUITE 210
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	MGRM
NAME	EAST COAST DEVELOPMENT CORP.
STREET ADDRESS	2711 CENTERVILLE ROAD, SUITE 400
CITY-ST-ZIP	WILMINGTON, DE 19808
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	

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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: X _____ 954/467-8299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #