

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000050109

Entity Name: 2509 1ST STREET, LLC

FILED
May 15, 2007
Secretary of State

Current Principal Place of Business:

420 20TH AVE.
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

Current Mailing Address:

420 20TH AVE.
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

FEI Number: 20-1335553 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SMITH, PETER A
2036 20TH AVENUE PARKWAY
INDIAN ROCKS BEACH, FL 33785 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SMITH, PETER A
Address: 2036 - 20TH AVENUE PARKWAY
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM () Delete
Name: SMITH, PARASQUEVI
Address: 2036 - 20TH AVENUE PARKWAY
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM () Delete
Name: HAROCOPOS, EVELYN
Address: 2036 - 20TH AVENUE PARKWAY
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM () Delete
Name: HAROCOPOS, MARIA
Address: 2036 - 20TH AVENUE PARKWAY
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM () Delete
Name: HAROCOPOS, LAMPROS
Address: 402 20TH AVE
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PETER SMITH

VP

05/15/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date