

FILED
May 25, 2005 8:00 am
Secretary of State

04-25-2005 90100 040 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

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DOCUMENT # L04000060062			
1. Entity Name 153 NW 29 ST, L.L.C.			
Principal Place of Business 3550 BISCAYNE BLVD SUITE 408 MIAMI FL 33137		Mailing Address 3550 BISCAYNE BLVD SUITE 408 MIAMI FL 33137	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-2461036		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'ROURKE, BARBARA 8805 SW 79 AVE MIAMI FL 33156		7. Name and Address of New Registered Agent Name Miller Bonnie S Street Address (P.O. Box Number is Not Acceptable) 9050 Pines Blvd City 384 State FL Zip Code 33024	
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 <i>Bonnie S. Miller</i>		DATE 5/16/05	
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELTZER, ANDREW 3550 BISCAYNE BLVD. #408 MIAMI FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBAGALLO, GREGG 3550 BISCAYNE BLVD. # 408 MIAMI FL 33137 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition MGR Cardinale, Richard 125 Linwood Ave. Staten Island, NY 10305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 806, Florida Statutes.			
SIGNATURE: <i>[Signature]</i>		Date: _____	