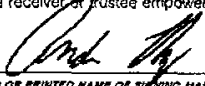


Mar 20,
Secr

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L04000060052		
1. Entity Name 153 NW 29 ST. L.L.C.		
Principal Place of Business 3550 BISCAYNE BLVD SUITE 406 MIAMI, FL 33137		Mailing Address 3550 BISCAYNE BLVD SUITE 406 MIAMI, FL 33137
DO NOT WRITE IN THIS SPACE		
		03092006 No Chg-LLC CR2E083 (11/05)
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 MILLER, BONNIE S 9050 PINES BLVD PEMBROKE PINES, FL 33024		DO NOT WRITE IN THIS SPACE
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 retreating) DATE		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MELTZER, ANDREW 3550 BISCAYNE BLVD. #406 MIAMI, FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BARBAGALLO, GREGG 3550 BISCAYNE BLVD. #406 MIAMI, FL 33137	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARDINALE, RICHARD 125 LINWOOD AVE STATEN ISLAND, NY 10305	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 		3/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #