Mar 20
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2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000060052

1. Entity Name
153 NW 29 ST. L.L.C.

Principal Place of Business	Mailing Address
3550 BISCAYNE BLVD SUITE 406 MIAMI, FL 33137	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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	MELTZER, ANDREW
STREET ADDRESS	3550 BISCAYNE BLVD. #406
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	MGR
NAME	BARBAGALLO, GREGG
STREET ADDRESS	3550 BISCAYNE BLVD. #406
CITY-ST-ZIP	MIAMI, FL 33137
TITLE	MGR
NAME	CARDINALE, RICHARD
STREET ADDRESS	125 LINWOOD AVE
CITY-ST-ZIP	STATEN ISLAND, NY 10305
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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04/04/06-80046-015 50.00

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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: _____ 3/16/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #