2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L04000060052

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

Current Principal Place of Business:

3550 BISCAYNE BLVD
SUITE 406
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

3550 BISCAYNE BLVD
SUITE 406
MIAMI, FL 33137

New Mailing Address:

FEI Number: 20-2461036 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, BONNIE S
9050 PINES BLVD
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

MILLER, BONNIE S
9050 PINES BLVD
301
PEMBROKE PINES, FL 33024 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: 04/30/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MELTZER, ANDREW
Address: 3550 BISCAYNE BLVD. #406
City-St-Zip: MIAMI, FL 33137

Title: MGR ( ) Delete
Name: BARBAGALLO, GREGG
Address: 3550 BISCAYNE BLVD. # 406
City-St-Zip: MIAMI, FL 33137

Title: MGR ( ) Delete
Name: CARDINALE, RICHARD
Address: 125 LINWOOD AVE
City-St-Zip: STATEN ISLAND, NY 10305

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:

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: ANDREW MELTZER MGR 04/30/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date