## **FILED** m

2007 LIMITED LIABILITY COMPA	ANY	Mar 22, 2007 8:00 an Secretary of State
OUNTENT #1.0400000000	ATT IS	03-22-2007 90175 033 ****50 00

DOCUMENT # L0400068089  1. Entity Name HS 17TH STREET LLC					03-22-2007 90175 033 ****50.00					
Principal Plac	e of Busines:	S	Mailing Address		· · · ·			600275	559	
1850 SE 17	TH STREET		1850 SE 17TH STREET	-						
SUITE 300 SUITE 300			2224	•						
FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316			. 33310	0			COM DICH COM COM CO	II BBEIB BHEN ABIR GBIB1 IBHIB A		
Principal Place of Business - No P.O. Box #     3. Mailing Address										
Suite, Apt.		=	Suite, Apt. #, etc.				01312007	Chg-LLC	CR2E083 (12/06)	)
City & Stat	e		City & State				4. FEI Numbe 32-0129		<b>├</b>	pplied For lot Applicable
Zip		Country	Zip	itry		5. Certificate	of Status Desired	□ \$5.00 Ad Fee Requir		
<del>-</del> -	6. Name	and Address of Current R	Registered Agent			~_	7. Name and	Address of New R		×
					Name					
WRIGHT, 1850 SE 1 SUITE 300	7TH STRE	EET			Street Address (P.O. Box Number is Not Acceptable)					
		E, FL 33316								
					City				FL Zip Cox	
8. The above the obligat	named entity tions of regist	y submits this statement for ered agent.	the purpose of changing its	registere	ed office or re	egister	ed agent, or bot	h, in the State of Flo	orida. I am familiar with	, and accept
SIGNATURE	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOTE	: Registere	d Agent signature	required	when reinstating)		DATE	
								· · · · · · · · · · · · · · · · · · ·		
Fi D	iling Fee i ue by May	s \$50.00 y 1, 2007							e check payable to Department of Sta	te
9.		MANAGING MEMBER	I IS/MANAGERS	10.				ADDITIONS/	CHANGES	
TITLE	MGR		Delete	TITLE	<u> </u>				- Change	☐ Addition
NAME STREET ADDRESS		, STEVEN W		NAM	E	10 K	nce 171	TH STREE	T, SUITE	300
CITY-ST-ZIP		I7TH STREET JDERDALE, FL 33316			ET ADORESS     -ST-ZIP	ادها	) <b>) -</b> 1 ( )	, n. 5, <u> </u>	, 500,	
TITLE	MGRM		☐ Delete	TITLE					<b>∑</b> Change	Addition
NAME	WRIGHT,	PETER	Ocials	NAMI	_		_ / 1	Smoot		
STREET ADDRESS	l	17TH STREET				185	25E 171	# SIREE!	, SUITE 3	<u>Q</u>
CITY-ST-ZIP		JDERDALE, FL 33316		CITY	-ST-ZIP					
TITLE NAME	MGRM	EBER, HOLLY	☐ Delete	TITLE				_	Change	Addition
STREET ADDRESS		17TH STREET		NAMI	ET ADDRESS )	850	OSE 17:	th STREE	T, SUITE	300
CITY-ST-ZIP		JDERDALE, FL 33316			-ST-ZIP		-			
TITLE			☐ Delete	TITLE	· ·			<del>_</del>	☐ Change	Addition
NAME				NAM	I					
STREET ADDRESS CITY-ST-ZIP	i				ET ADDRESS -ST-ZIP					
TITLE			☐ Delete	TITLE					☐ Change	T Addition
NAME			Delete	NAME	- 1					☐ Addition
STREET ADDRESS				STRE	ET ADORESS					
CITY-ST-ZIP		<u> </u>		CITY-	-ST-ZIP					
TITLE		•	Delete	TITLE	- 1				☐ Change	Addition
NAME STREET ADDRESS				NAME	1					
CITY-ST-ZIP		,	/	4	ET ADDRESS • ST-ZIP					
11. I hereby c	ertify that the	information supplied with t	his filing does not qualify for	the ever	motione contr	ained i	Chapter 110	Florida Statutos 16:	ther certify that the !-!	armation
indicated limited lia	on this report	t is true and accurate and the	nat my signature shall have t	he same	legal effect a	as if m	ade under oath;	that I am a manag	ing member or manage	er of the
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 discover or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
		1/1//	$\mathcal{T}$	A 1			1		ا ماستاده	