2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2005
Secretary of State

DOCUMENT# L04000069514

Entity Name: WOOSTER STREET PROPERTIES LLC

Current Principal Place of Business:

1825 PONCE DE LEON BLVD
457
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

1825 PONCE DE LEON BLVD
457
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 72-1587126 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SETH, SUHAIL
201 SOUTH BISCAYNE BLVD
3400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	DE ROUSELLE, SHANNON	
Address:	1825 PONE DE LEON BLVD, # 457	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGRM	( ) Delete
Name:	SETH, SUHAIL	
Address:	1825 PONE DE LEON BLVD, # 457	
City-St-Zip:	CORAL GABLES, FL 33134 US	
Title:	MGRM	( ) Delete
Name:	O'CONNELL, JOHN T	
Address:	1221 BRICKELL AVENUE, SUITE 900	
City-St-Zip:	MIAMI, FL 33131	

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 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 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: SUHAIL SETH MGRM 04/04/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date