2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)** 

SIGNATURE:

## FILED Feb 01, 2006 08:00 AM DOCUMENT # L04000071677 Secretary of State 34TH STREET ASSOCIATES, LLC Principal Place of Business Mailing Address 21170 N.E. 22ND COURT MIAMI FL 33180 21170 N.E. 22ND COURT MIAMI FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) City & State City & State 4. FEI Number Applied For 20-1945533 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired \_ \_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSEN, LAWRENCE N ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O LAWRENCE N. ROSEN, P.A. 2110 70 N.E. 22ND COURT MIAMI FL 33180 City Zip Code FI 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 frame of registered agent and time if applicable (NOTE Registered Agent signature required when reinstalling DATE FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2006 ٩ MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGRM Delete TITLE Change ☐ Aúdin NAME ROSEN, LAWRENCE NAME U000000413536 STREET ADDRESS 21170 NE 22ND COURT STREET ADDRESS 02/10/06-80092-014 50.00 CITY-ST-ZIP MIAMI FL 33180 C)TY-ST-ZIP TITLE Delete mE Change $\prod AdS^{\alpha}$ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ∏ Additio NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE $\square$ t $\cdots$ ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS Cary-ST-ZP CITY-ST-ZIP TITLE ☐ Delete IME Articles Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Adr NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes 1 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 if limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE