2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2009
Secretary of State

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Entity Name: 34TH STREET ASSOCIATES, LLC

Current Principal Place of Business:

21170 N.E. 22ND COURT
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

21170 N.E. 22ND COURT
MIAMI, FL 33180

New Mailing Address:

FEI Number: 20-1945533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSEN, LAWRENCE N ESQ.
C/O LAWRENCE N. ROSEN, P.A.
2110 70 N.E. 22ND COURT
MIAMI, FL 33180 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/MANAGERS:

Title: MGRM ( ) Delete
Name: ROSEN, LAWRENCE
Address: 21170 NE 22ND COURT
City-St-Zip: MIAMI, FL 33180

Title: MGRM ( ) Delete
Name: COUF, ROBERT
Address: 3428 N OCEAN BLVD
City-St-Zip: FT LAUDERDALE, FL

Title: MGRM ( ) Delete
Name: SHAPIRO, SAMUEL
Address: 35 SHARON DR
City-St-Zip: COVENTRY, RI 02816

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: COUF, ROBERT
Address: 325 JACARANDA DRIVE
City-St-Zip: PLANTATION, FL 33324

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: LAWRENCE N. ROSEN MGRM 01/07/2009

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