2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L04000083967

1. Entity Name

31ST STREET, LLC

FILED
07 APR 30 AM 10:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
325 S ORLANDO AVE WINTER PARK FL 32789	325 S. ORLANDO AVE WINTER PARK FL 32789

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
Street Address	Street Address
City-State	City-State
Zip / Country	Zip / Country

4. FEI Number 20-1899089

5. Certificate of Status Desired [ ] $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LINARTAS, JOSEPH
325 S. ORLANDO AVE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)

City FL Zip Code

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 _____ (NOTE: Registered Agent Signature required for online filing)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR LINARTAS, JOSEPH 325 S. ORLANDO AVE WINTER PARK FL 32789	[ ] Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	[ ] Change [ ] Add 200103001742 05/22/07--01016--001 **661.25
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR LINARTAS, JURA 325 S. ORLANDO AVE WINTER PARK FL 32789	[ ] Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	[ ] Change [ ] Add $35/8
TITLE NAME STREET ADDRESS CITY ST ZIP	MGR ZUKAUSKAS, IRENA 802 N. WAIOLA AVE. LAGRANGE PARK IL 60526	[ ] Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	[ ] Change [ ] Add
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	[ ] Change [ ] Add
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	[ ] Change [ ] Add
TITLE NAME STREET ADDRESS CITY ST ZIP		[ ] Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	[ ] Change [ ] Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I 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 the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Joseph Linartas JOSEPH LINARTAS 4-18-07