



**FILED**  
**May 26, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90117 008 \*\*\*\*50.00

**2005 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

<b>DOCUMENT # L04000093639</b> 1. Entity Name <b>53RD STREET ASSOCIATES, LLC</b>					
Principal Place of Business <b>800 NORTH FLAGLER DRIVE          WEST PALM BEACH, FL 33401</b>		Mailing Address <b>800 NORTH FLAGLER DRIVE          WEST PALM BEACH, FL 33401</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04262005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>20-2145265</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>FREEMAN, DONALD J          1400 CENTREPARK BLVD., SUITE 950          FREEMAN, MAYNOR &amp; JONES          WEST PALM BEACH, FL 33401</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00          Due by May 1, 2005</b>		<b>Make check payable to          Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARPENTER, VANCE F 1333 WEST 53RD STREET WEST PALM BEACH, FL 33407	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARSENAULT, GERARD 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMILTON, HARRY 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLEE HAMILTON, LEE 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> 				<b>4/27/05 (54) 655-3113</b> Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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