



**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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04262005 Chg-LLC CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>20-2145265</b> Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FREEMAN, DONALD J          1400 CENTREPARK BLVD., SUITE 950          FREEMAN, MAYNOR &amp; JONES          WEST PALM BEACH, FL 33401</b>				Name	
				Street Address (P.O. Box Number is 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 _____ (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>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARPENTER, VANCE F			NAME	
STREET ADDRESS	1333 WEST 53RD STREET			STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33407			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARSENAULT, GERARD			NAME	
STREET ADDRESS	800 NORTH FLAGLER DRIVE			STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, HARRY			NAME	
STREET ADDRESS	800 NORTH FLAGLER DRIVE			STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP	
TITLE	MGRM	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEE HAMILTON, LEE			NAME	
STREET ADDRESS	800 NORTH FLAGLER DRIVE			STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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.					
SIGNATURE: 				Date: <b>4/27/05</b> (54) 655-3113	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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