


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 13, 2006 08:00 AM**  
**Secretary of State**

|   |  |
|---|--|
| <b>DOCUMENT # L04000093639</b><br>1. Entity Name<br>53RD STREET ASSOCIATES, LLC |  |
|---|--|

|   |   |
|---|---|
| Principal Place of Business<br>800 NORTH FLAGLER DRIVE<br>WEST PALM BEACH, FL 33401 | Mailing Address<br>800 NORTH FLAGLER DRIVE<br>WEST PALM BEACH, FL 33401 |
|---|---|



01132006No Chg-LLC      CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br>20-2145265                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required                  |

**6. Name and Address of Current Registered Agent**

FREEMAN, DONALD J  
1400 CENTREPARK BLVD., SUITE 950  
FREEMAN, MAYNOR & JONES  
WEST PALM BEACH, FL 33401

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IN THIS SPACE**

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 when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00  
Due by May 1, 2006**

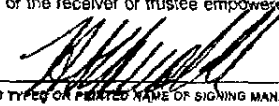
00000466169  
03/22/06-80065-001 50.00

**9. MANAGING MEMBERS/MANAGERS**

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>CARPENTER, VANCE F<br>1333 WEST 53RD STREET<br>WEST PALM BEACH, FL 33407    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>ARSENAULT, GERARD<br>800 NORTH FLAGLER DRIVE<br>WEST PALM BEACH, FL 33401   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>HAMILTON, HARRY<br>800 NORTH FLAGLER DRIVE<br>WEST PALM BEACH, FL 33401     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>COLEE HAMILTON, LEE<br>800 NORTH FLAGLER DRIVE<br>WEST PALM BEACH, FL 33401 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:**  **2/22/06 (56)655-311**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

*Harry S. Hamilton*