

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2007 8:00 am**  
**Secretary of State**

01-24-2007 90097 013 \*\*\*\*50.00

<b>DOCUMENT # L04000093639</b> 1. Entity Name 53RD STREET ASSOCIATES, LLC	
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Principal Place of Business 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	Mailing Address 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401
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**60005659**



**DO NOT WRITE IN THIS SPACE**

01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-2145265	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  FREEMAN, DONALD J 1400 CENTREPARK BLVD., SUITE 950 FREEMAN, MAYNOR & JONES WEST PALM BEACH, FL 33401	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CARPENTER, VANCE F 1333 WEST 53RD STREET WEST PALM BEACH, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MGRM ARSENAULT, GERARD 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMILTON, HARRY 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COLEE HAMILTON, LEE 800 NORTH FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE



1/14/07

561/655-3115

Date

Office Phone #