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Jun 23, 2006 8:00 am
Secretary of State
04-24-2006 90037 006 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000001305

1. Entity Name
TWENTIETH STREET, LLC

Principal Place of Business
221 WEST OAKLAND PARK BLVD., 3RD FLOOR
FT. LAUDERDALE, FL 33311

Mailing Address
221 WEST OAKLAND PARK BLVD., 3RD FLOOR
FT. LAUDERDALE, FL 33311

30011106

04042006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business		3. Mailing Address	
		P. O. Box 950	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Fort Lauderdale, FL	
Zip	Country	Zip 33302-0950	Country USA

4. FEI Number 20-2148646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MITCHELL, DON
221 WEST OAKLAND PARK BLVD., 3RD FLOOR
FT. LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent
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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John T. Loos-MGRM ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	John T. Loos 1815 Cordova Road, Ste 210 Ft. Lauderdale, FL 33316 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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] DON MITCHELL 4/10/06 (954) 565-8900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #