

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000002165

1. Entity Name
17TH.STREET REDEVELOPMENT, LLC



Principal Place of Business
411 NORTH U.S. 1
SECOND FLOOR
FT. PIERCE, FL 34950

Mailing Address
411 NORTH U.S. 1
SECOND FLOOR
FT. PIERCE, FL 34950



01172007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0664334

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHUMER, KARL J
20801 BISCAYNE BLVD. SUITE 307
AVENTURA, FL 33180

**DO NOT WRITE
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 _____

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ZALKIN, JOHN
411 NORTH U.S. 1
FT. PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
ZALKIN, MILES
411 NORTH U.S. 1
FT. PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
KNOUN, JASON
411 N US HWY 1, 2ND FL
FORT PIERCE, FL 34950

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000625006
02/14/07-80058-015 50.00

**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

Date

Daytime Phone #

1/17/07

3057900044