

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000026037

FILED
Mar 28, 2006
Secretary of State

Entity Name: 35TH STREET COMPLEX, LLC

Current Principal Place of Business:

4260 NE 35TH STREET
OCALA, FL 32670 US

New Principal Place of Business:

Current Mailing Address:

4260 NE 35TH STREET
OCALA, FL 32670 US

New Mailing Address:

FEI Number: 20-2518574

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, WILLIAM ALLAN
1531 SE 36TH AVENUE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: STAUSS, DON H JR
Address: 6184 NE 69TH STREET
City-St-Zip: SILVER SPRINGS, FL 34488 US

Title: MGRM () Delete
Name: VANDEVAN, HARVEY W
Address: 42801 SE 11TH PLACE
City-St-Zip: OCALA, FL 32671 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: VANDEVAN, HARVEY W
Address: 42801 SE 11TH PLACE
City-St-Zip: OCALA, FL 32671 US

Title: M () Change (X) Addition
Name: DUNN, THOMAS M
Address: 4480 NE 35TH STREET
City-St-Zip: OCALA, FL 34479

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DON H. STAUSS, JR.

MGRM

03/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date