
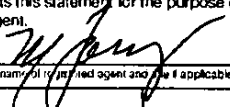



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-03-2006 90065 009 ****50.00

DOCUMENT # L05000029790			
1. Entity Name 3332 NE 33RD ST, LLC			
Principal Place of Business 1695 LANTANA AVENUE UNIT E ENGLEWOOD, FL 34224		Mailing Address 1695 LANTANA AVENUE UNIT E ENGLEWOOD, FL 34224	
2. Principal Place of Business 3332 NE 33rd St		3. Mailing Address 3332 NE 33rd St	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ft. Lauderdale, FL		City & State Ft. Lauderdale, FL	
Zip 33308	Country USA	Zip 33308	Country USA
6. Name and Address of Current Registered Agent TOMANY, MICHAEL A 1695 LANTANA AVENUE UNIT E ENGLEWOOD, FL 34224		7. Name and Address of New Registered Agent Name Michael A. Tomany Street Address (P.O. Box Number is Not Acceptable) 3332 NE 33rd St City Ft. Lauderdale FL Zip Code 33308	
4. FEI Number 56-2573922			
5. Certificate of State Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
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 		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	MGRM TOMANY, MICHAEL A 1695 LANTANA AVENUE UNIT E ENGLEWOOD, FL 34224 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3/28/06 9549675725	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		(Date) (Phone #)	