



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

5. Aug 21, 2006 8:00 am  
Secretary of State

05-08-2006 90033 034 \*\*\*\*55.00

<b>DOCUMENT # L05000054856</b>			
1. Entity Name 55TH STREET APARTMENTS, LLC			
Principal Place of Business 10210 NORTH MIAMI AVENUE MIAMI SHORES, FL 33150		Mailing Address 10210 NORTH MIAMI AVENUE MIAMI SHORES, FL 33150	
2. Principal Place of Business		3. Mailing Address PO Box 531429	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI SHORES FL	
Zip	Country	Zip	Country
33153	USA	33153	USA
4. FEI Number 83-0459683		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLDEN, RICHARD A ESQ. 12000 BISCAYNE BLVD. 500 NORTH MIAMI, FL 33181		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 _____ (NOTE: Registered Agent signature required when transferring)			
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 PUMA, LAWRENCE D 10210 NORTH MIAMI AVENUE MIAMI SHORES, FL 33150 <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: 		4-18-06 305-751-8947	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	