


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 14, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000058881</b>	
1. Entity Name SW 15TH STREET, LLC	

Principal Place of Business 1150 SW 15TH STREET BOCA RATON, FL 33486 US	Mailing Address 1150 SW 15TH STREET BOCA RATON, FL 33486 US
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04092008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-3218156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

REED, CONNIE  
 1150 SW 15TH ST  
 BOCA RATON, FL 33486

**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

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, IRENE P 1150 SW 15TH ST BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, RICHARD S 1150 SW 15TH ST BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, CONNIE 1150 SW 15TH ST BOCA RATON, FL 33486
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000896022  
 04/24/08-80091-012 138.75

**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: *Connie Reed* 4-10-08 561923423  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #