


192

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS


06 OCT 20 AM 10:41

DOCUMENT # L05000061888	
1. Entity Name 1590 HOMESTEAD, LLC	

Principal Place of Business 3550 BISCAYNE BLVD #202 MIAMI, FL 33137	Mailing Address 3550 BISCAYNE BLVD #202 MIAMI, FL 33137
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2. Principal Place of Business <b>3900 NW 2nd Ave.</b> Suite, Apt. #, etc.	3. Mailing Address <b>3900 NW 2nd Ave.</b> Suite, Apt. #, etc.
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*OSK*



07272006 Chg-LLC CR2E083 (11/05)

City & State <b>Miami, FL</b>	City & State <b>Miami, FL</b>
Zip <b>33127</b>	Zip <b>33127</b>
Country	Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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	
BROMLEY, STEPHEN 3550 BISCAYNE BLVD #202 MIAMI, FL 33137	

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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 6, 2006**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BROMLEY, MICHAEL 3417 GARDEN AVE MIAMI BEACH, FL 33140 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DORF, EDMOND LRIDES 19460 AMBASSADOR COURT NORTH MIAMI BEACH, FL 33179 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*07/06/06 - 01010 - 005 - \$25.00*

*300081476103*

*11/02/06 -- 01038 -- 020 \*\*25.00*

**REINSTATEMENT 2006**

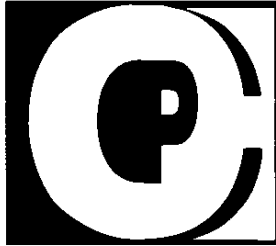
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under 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: *MS.* \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

2002



COASTAL PROPERTIES, INC.

10/16/2006

Florida Dept of State

Ref # LO5000061888

Enclosed pls find additional check in the amount of \$25.00 Please do not abandon this filing as we did not receive this. It was sent to old address: 3550 Biscayne Blvd.

New address is 3900 NW 2<sup>nd</sup> Ave, Miami, Florida 33127

Thank you,

Ronni Blank  
Controller