

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000069841

Entity Name: 57 NE 179TH STREET LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

ONE TOWER BRIDGE
100 FRONT STREET, SUITE 1370
WEST CONSHOHOCKEN, PA 19428

New Principal Place of Business:

Current Mailing Address:

ONE TOWER BRIDGE
100 FRONT STREET, SUITE 1370
WEST CONSHOHOCKEN, PA 19428

New Mailing Address:

FEI Number: 20-3175871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVE.
TALLAHASSEE, FL 32301 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: SEAGIS PROPERTY GROUP LP
Address: 100 FRONT STREET SUITE 1370
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: MGR () Delete
Name: BEGIER, JOHN B
Address: 100 FRONT STREET, SUITE 1370
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: MGR () Delete
Name: LEE, CHARLES C
Address: 100 FRONT STREET, SUITE 1370
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

Title: MGR () Delete
Name: MOYER, KENNETH R
Address: 100 FRONT STREET, SUITE 1370
City-St-Zip: WEST CONSHOHOCKEN, PA 19428

ADDITIONS/CHANGES:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: KENNETH MOYER

MGR

03/20/2009

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