2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000079662

1. Entity Name BLOCK 54 LLC



FILED
Jan 31, 2008 08:00 AN
Secretary of State

Principal Place of Business

LEWIS R. COHEN, P.A. 1111 BRICKELL AVE., SUITE 2920 MIAMI, FL 33131 Mailing Address

LEWIS R. COHEN, P.A. 1111 BRICKELL AVE., SUITE 2920 MIAMI, FL 33131



01272008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5422847

Applied Fo

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, LEWIS R 1111 BRICKELL AVE., SUITE 2920 MIAMI, FL 33131

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8.	3. The above named entity submits this statement for the purpose of changing its registered office or re-	gistered agent, or both, in the State of Florida.	I am familiar with, and acc
	the obligations of registered agent.		

SIGNATURE

NAME STREET ADDRESS CITY-ST-ZIP 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

U00000809124 02/08/08-80009-020 138,75

MANAGING MEMBERS/MANAGERS 9. MGRM COHEN, JEFFREY STREET ADDRESS 880 LAKEVIEW DR. CITY-ST-ZIP MIAMI BEACH, FL 33140 TITLE MGRM NAME COHEN, LEWIS R STREET ADDRESS 1111 BRICKELL AVE., SUITE 2920 CITY-ST-ZIP MIAMI, FL 33131 MGRM TITLE MIRMELLI, GREGORY NAME STREET ADDRESS 1215 NORTH VENETIAN WAY CITY-ST-ZIP MIAMI BEACH, FL 33139 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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^{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 informat 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 I limited liability company or the receiver or trustee impowered to execute this report as required by Chapter 608, Florida Statutes.