


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90053 039 ****50.00

DOCUMENT # L05000081637

1. Entity Name
 36TH STREET PARTNERS, LLC



Principal Place of Business Mailing Address

ATTN: NICHOLAS ECONOMOS, SR.
 4000 N. FEDERAL HIGHWAY, SUITE 206
 BOCA RATON, FL 33431

ATTN: NICHOLAS ECONOMOS, SR.
 4000 N. FEDERAL HIGHWAY, SUITE 206
 BOCA RATON, FL 33431

2. Principal Place of Business 3. Mailing Address

1000 OMNI BLVD

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

NEWPORT NEWS, VA

Zip Country Zip Country

23606



03292006 Chg-LLC CR2E083 (11/05)

4. FEI Number Applied For

20-3326950 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPCO, INC. ATTN: HOWARD L. FRIEDBERG 2699 S. BAYSHORE DRIVE, 7TH FLOOR MIAMI, FL 33133		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code

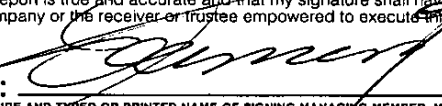
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMETTO VENTURES, LLC		NAME		
STREET ADDRESS	11601 WILSHIRE BLVD., SUITE 2400		STREET ADDRESS		
CITY-ST-ZIP	LAS ANGELES, CA 90025		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	XENIA TWO, LLC		NAME		
STREET ADDRESS	4000 N. FEDERAL HIGHWAY, SUITE 206		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33431		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  **NICK ECONOMOS** 04/04/2006 (757) 591-3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #