#### 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

#### **DOCUMENT # L05000082988**

37TH STREET SOUTH, LLC

US

**FILED** Mar 26, 2007 08:00 AM Secretary of State

Principal Place of Business

220 PASADENA AVE S ST. PETERSBURG, FL 33707

Mailing Address

220 PASADENA AVE S

ST. PETERSBURG, FL. 33707



01172007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number NOT APPLICABLE Appiled For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional

6. Name and Address of Current Registered Agent

WOOD, BRADLEY J ESQ. 2639 DR. M.L. KING, JR. STREET NORTH ST. PETERSBURG, FL 33704

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<ol> <li>The above named entity submits this statement for the purpose of cha the obligations of registered agent.</li> </ol>	inging its registered office of registered agent, or both, in the s	state of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable.	(NOTE, Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00		

### Due by May 1, 2007

	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COCKMAN, RYAN C 2048 DOLPHIN BOULEVARD SOUTH ST. PETERSBURG, FL 33701	
	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'CONNOR, NATALIE J 2048 DOLPHIN BOULEVARD SOUTH ST. PETERSBURG, FL 33701	
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MANAGING MEMBERS/MANAGERS

U00000678288 04/02/07-80027-906 50.00

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11. I hereby certify that the information supplied with this filling 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 \(\text{}\) 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:

NAME STREET ADDRESS CITY-ST-ZIP

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