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ANNUAL REPORT (AR)		Jul 31, 2006 8:00 a — Secretary of Stat
OCUMENT #	LO 5000083204	07-31-2006 90145 003 ****55.00

43RD STREET PROPERTY ENTERPRISES LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address Suite P.O. BOX 6025 Suite, Apt. #, etc. CR2E083B (8/05) City & JENSEN BEACH, FL City & State 4. FEI Number Applied For 30-033112**4** Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name **DAVID HARRIS** DO NOT WRITE Street Ac 1711 WHITEHALL DR IN THIS SPACE DAVIE, FL 33324 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 FEE IS \$50.00 300 Make Check Payable to Florida Department of State DUE BY MAY Manager TITLE TITLE RNL7H Castellanos NAME P.O. Box 6025 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jensen Beach, FL 34957 CITY-ST-ZIP TITLE NAME NAME Manager STREET ADDRESS LEAUNE Castellanos STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP P.O. Box 6025 TITLE TITLE Jensen Beach, FL 34957 NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and acquirate 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP