

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 07, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000083204**

1. Entity Name

43RD STREET PROPERTY ENTERPRISES LLC



Principal Place of Business

PO BOX 6025

JENSEN BCH., FL 34957

Mailing Address

PO BOX 6025

JENSEN BCH., FL 34957



08022007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

30-0331124

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARRIS, DAVID

1711 WHITEHALL DR #105

DAVIE, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

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 September 14, 2007**

000000773609  
09/07/07-000006-010 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME CASTELLANOS, RAFAEL  
STREET ADDRESS P.O. BOX 6025  
CITY-ST-ZIP HUTCHINSON ISLAND, FL 34957

TITLE MGR  
NAME CASTELLANOS, LEANNE  
STREET ADDRESS P.O. BOX 6025  
CITY-ST-ZIP HUTCHINSON ISLAND, FL 34957

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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:** *Leanne Castellanos*

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

8/27/07 954 9806 850

Date

Daytime Phone #