## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000083277

1. Entity Name
39TH, L.L.C.



FILED Feb 09, 2007 08:00 AM Secretary of State

Principal Place of Business

3300 UNIVERSITY DRIVE, SUITE 901 CORAL SPRINGS, FL 33065

Mailing Address

3300 UNIVERSITY DRIVE, SUITE 901 CORAL SPRINGS, FL 33065



01312007 No Chg-LLC

CR2E083 (11/05)

4.	FEI Number 20-3362203	

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPA

PENNOCK, ANDREW A ESQ. 3300 UNIVERSITY DRIVE, SUITE 901 CORAL SPRINGS, FL 33065

## DO NOT WRITE IN THIS SPACE

	above named entity submits this statement for the purpose of chabiligations of registered agent.	anging its registered office or registered agent, or both, in the Stat	te of Florida. I am familiar with, and accept
SIGNATI	URE	··· <u> </u>	· · · · · · · · · · · · · · · · · · ·
	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent aignature required when reinstating)	DATE
	Filing Fee is \$50.00 Due by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	See See See and the see	
TITLE -	MGRM	the contract of the	ga 100 100 11 11 11 11 11 11 11 11 11 11 1
NAME	PONNOCK, ANDREW A		

9.	MANAGING MEMBERS/MANAGERS
TITLE - NAME STREET ADDRESS City-St-Zip	MGRM PONNOCK, ANDREW A 3300 UNIVERSITY DR 901 POMPANO BEACH, FL 33065
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-7IP	

02/19/07-80007-023 50.00

DO NOT WRITE IN THIS SPACE

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 accourate end 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:

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

6121

954-340-4051

Daytime Phone #