

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107144

FILED  
May 16, 2007  
Secretary of State

Entity Name: 4017 34TH STREET SOUTH, LLC

**Current Principal Place of Business:**

300 N. MAIN STREET  
402  
GREENVILLE, SC 29601

**New Principal Place of Business:**

**Current Mailing Address:**

300 N. MAIN STREET  
402  
GREENVILLE, SC 29601

**New Mailing Address:**

FEI Number: 20-5179864      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

FUDGE, FELIX  
944 4TH STREET NORTH  
800  
ST. PETERSBURG, FL 33701 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHI / ST. PETERSBURG, , LLC  
Address: 300 N. MAIN STREET, STE 402  
City-St-Zip: GREENVILLE, SC 29601

Title: MGRM ( ) Delete  
Name: BRIDGEPORT SOUTH REA, LTY ADVISORS, I NC.  
Address: 944 4TH STREET NORTH, STE 800  
City-St-Zip: ST. PETERSBURG, FL 33701

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL MCNICHOLAS

MGRM

05/16/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date