

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90014 016 ****50.00

DOCUMENT # L05000109541

1. Entity Name
1737 LEE STREET, LLC



Principal Place of Business
1600 SE 9TH STREET
FORT LAUDERDALE, FL 33316 US

Mailing Address
1600 SE 9TH STREET
FORT LAUDERDALE, FL 33316 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006 Chg-LLC CR2E083 (11/05)

4. FEI Number

203772246

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGELO, BARRY & BANTA, P.A.
515 E. LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DOM-NIQUE, INC.
2807 SW 15TH AVENUE
FORT LAUDERDALE, FL 33315

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SCHWARTZ, JOSHUA
1600 SE 9TH STREET
FORT LAUDERDALE, FL 33316

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
SCHWARTZ, NORMAN
1600 SE 9TH STREET
FORT LAUDERDALE, FL 33316

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

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

Date

Daytime Phone #

Norman Schwartz Manager X 4-26-06