

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90037 036 ****55.00

DOCUMENT # L06000024719

1. Entity Name
THE NINETEENTH STREET, LLC



Principal Place of Business
**724 W. 19TH STREET
PANAMA CITY, FL 32405**

Mailing Address
**724 W. 19TH STREET
PANAMA CITY, FL 32405**

60040265



2. Principal Place of Business - No P.O. Box #

3. Mailing Address
408 Colorado Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02132007 Chg-LLC CR2E083 (12/06)

City & State

City & State
Lynn Haven, FL

4. FEI Number
20-4483692

Applied For
Not Applicable

Zip

Country

Zip

32444

Country

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HUGHES, J. ROBERT
220 MCKENZIE AVENUE
PANAMA CITY, FL 32401**

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, 2007**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
TRAN, QUANG T
724 W. 19TH STREET
PANAMA CITY, FL 32405** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Tran, Quang T.
408 Colorado Ave.
Lynn Haven, FL 32444** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
Caspary, Hans
536 Mills Lane
Panama City, FL 32404** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Quang T. Tran

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

4-28-07

Date

**709-0336
850-278-0**

Daytime Phone #