


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 16, 2007 8:00 am
Secretary of State

03-16-2007 90153 004 ****50.00

DOCUMENT # L06000029868 1. Entity Name 14TH STREET CAUSEWAY DEVELOPERS LLC	
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Principal Place of Business 3350 EAST ATLANTIC BOULEVARD 200 POMPANO BEACH, FL 33062	Mailing Address 3350 EAST ATLANTIC BOULEVARD 200 POMPANO BEACH, FL 33062
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	4. FEI Number 20-4662663 Applied For <input type="checkbox"/> Not Applicable
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03122007 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent SMITH, IVAN J -- 3350 EAST ATLANTIC BOULEVARD #200 POMPANO BEACH, FL 33062	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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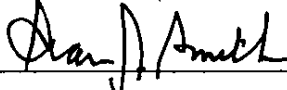
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	MGRM GURFEL, YURI A <input type="checkbox"/> Delete	<input type="checkbox"/> Change	TITLE NAME		<input type="checkbox"/> Addition
STREET ADDRESS	1748 BAY DRIVE		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE NAME	MGRM SMITH, IVAN J <input type="checkbox"/> Delete	<input type="checkbox"/> Change	TITLE NAME		<input type="checkbox"/> Addition
STREET ADDRESS	3350 EAST ATLANTIC BOULEVARD, #200		STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH, FL 33062		CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	TITLE NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	TITLE NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	TITLE NAME		<input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:  Ivan J. Smith, Managing Member 03/13/07 (954) 946-0800