


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90238 017 \*\*\*138.75

**DOCUMENT # L06000029868**

1. Entity Name  
**14TH STREET CAUSEWAY DEVELOPERS LLC**



Principal Place of Business <b>3350 EAST ATLANTIC BOULEVARD          200          POMPANO BEACH, FL 33062</b>	Mailing Address <b>3350 EAST ATLANTIC BOULEVARD          200          POMPANO BEACH, FL 33062</b>
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**60020734**



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. <b>#200</b>		3. Mailing Address Suite, Apt. #, etc. <b>#200</b>	
City & State		City & State	
Zip	Country	Zip	Country

04022008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-4662663</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

8. 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 **BATES, STEPHANIE S**

Street Address (P.O. Box Number is Not Acceptable)  
**3350 EAST ATLANTIC BOULEVARD**

**#200**

City **POMPANO BEACH** **FL** Zip Code **33062**

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 **STEPHANIE S. BATES** *Stephanie S. Bates* **April 2, 2008**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$338.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GURFEL, YURI A 1748 BAY DRIVE POMPANO BEACH, FL 33062</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SMITH, IVAN J 3350 EAST ATLANTIC BOULEVARD, #200 POMPANO BEACH, FL 33062</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BATES, STEPHANIE S 3350 E ATLANTIC BLVD, #200 POMPANO BEACH, FL 33062</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM BATES, RANDOLPH H 3350 E ATLANTIC BLVD, #200 POMPANO BEACH, FL 33062</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

*Stephanie S. Bates*  
**SIGNATURE: STEPHANIE S. BATES, MGRM** **April 2, 2008** **(954) 946-0800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #