

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000029868

FILED
Mar 17, 2009
Secretary of State

Entity Name: 14TH STREET CAUSEWAY DEVELOPERS LLC

Current Principal Place of Business:

3350 EAST ATLANTIC BOULEVARD
200
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

3350 EAST ATLANTIC BOULEVARD
200
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 20-4662663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, STEPHANIE S
3350 EAST ATLANTIC BOULEVARD
#200
POMPANO BEACH, FL 33062 US

Name and Address of New Registered Agent:

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: GURFEL, YURI A
Address: 1748 BAY DRIVE
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM () Delete
Name: SMITH, IVAN J
Address: 3350 EAST ATLANTIC BOULEVARD, #200
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM () Delete
Name: BATES, STEPHANIE S
Address: 3350 E ATLANTIC BLVD STE 200
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM () Delete
Name: BATES, RANDOLPH H
Address: 3350 E ATLANTIC BLVD STE 200
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

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

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

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: STEPHANIE S. BATES MGRM 03/17/2009

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