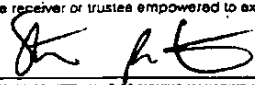


FILED
Feb 26, 2007 8:00 am
Secretary of State

01-31-2007 90086 010 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000051481			
1. Entity Name SR 50, LLC			
Principal Place of Business P. O. BOX 810664 BOCA RATON, FL 33481		Mailing Address P. O. BOX 810664 BOCA RATON, FL 33481	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 20-4900409		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01092007 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HERMAN MOSKOWITZ CPA, PA 3850 HOLLYWOOD BLVD SUITE 204 HOLLYWOOD, FL 33021		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 resigning) 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 MANAGER STEVEN E. BERNSTEIN P.O. BOX 810664 BOCA RATON, FL 33481		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ 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 606, Florida Statutes.			
SIGNATURE:  MANAGER		Date: 1/24/07 (521) 352-6774	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			