


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90013 028 ****50.00

DOCUMENT # L06000056940					
1. Entity Name FIRST STREET PROPERTY, LLC					
Principal Place of Business 404 EAST ATLANTIC BOULEVARD SUITE 100 POMPANO BEACH, FL 33060			Mailing Address 404 EAST ATLANTIC BOULEVARD SUITE 100 POMPANO BEACH, FL 33060		
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	01122007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5156559				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FELDMAN, LANNY M 404 EAST ATLANTIC BOULEVARD SUITE 100 POMPANO BEACH, FL 33060			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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	MGRM FELDMAN, LANNY M 404 EAST ATLANTIC BOULEVARD, SUITE 100 POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FRANKEL, KEN M 404 EAST ATLANTIC BOULEVARD, SUITE 100 POMPANO BEACH, FL 33060	<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			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: _____ By: <i>Lanny M. Feldman</i> , Managing Member LANNY M. FELDMAN, MANAGING MEMBER					
Date				Daytime Phone #	
1/12/07				(954) 580 0431	