
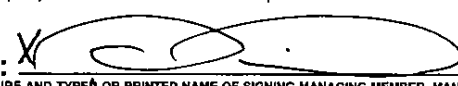


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90025 036 ****50.00

| | | | | | |
|--|---------------------------------|---------------------|---|--|--|
| DOCUMENT # L06000074028 1. Entity Name 1510 SE 17TH STREET, LLC | | | |  | |
| Principal Place of Business 1510 SE 17TH STREET FT LAUDERDALE, FL 33316 | | | Mailing Address 1510 SE 17TH STREET FT LAUDERDALE, FL 33316 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 03032007 Chg-LLC CR2E083 (12/06) | |
| Zip | | Country | | 4. FEI Number 20-5266938 | |
| | | | | 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 | |
| BSPA CORPORATE SERVICES INC 350 E LAS OLAS BLVD STE 1000 FT LAUDERDALE, FL 33301 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | | NAME | <input checked="" type="checkbox"/> Addition | | |
| STREET ADDRESS | | STREET ADDRESS | <input checked="" type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | <input checked="" type="checkbox"/> Addition | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | | NAME | <input checked="" type="checkbox"/> Addition | | |
| STREET ADDRESS | | STREET ADDRESS | <input checked="" type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | <input checked="" type="checkbox"/> Addition | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition | |
| NAME | | NAME | <input checked="" type="checkbox"/> Addition | | |
| STREET ADDRESS | | STREET ADDRESS | <input checked="" type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | <input checked="" type="checkbox"/> Addition | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | <input type="checkbox"/> Addition | | |
| STREET ADDRESS | | STREET ADDRESS | <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | <input type="checkbox"/> Addition | | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | |
| NAME | | NAME | <input type="checkbox"/> Addition | | |
| STREET ADDRESS | | STREET ADDRESS | <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | CITY-ST-ZIP | <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. | | | | | |
| SIGNATURE:  | | | Date: 3/14/07 | | |
| SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DONATO GILMAN | | | Date Daytime Phone # | | |