2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092158

WABASSO, FL 32970

City-St-Zip:

Entity Name: 4TH STREET LLC

FILED Feb 10, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 626 S.E. 4TH STREET BOYNTON BEACH, FL 33435 **Current Mailing Address: New Mailing Address:** 626 S.E. 4TH STREET BOYNTON BEACH, FL 33435 FEI Number: 20-5284487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TOMBERG, JEFF ESQ. 626 S.E. 4TH STREET BOYNTON BEACH, FL 33435 US 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete BOWDEN, MICHAEL Name: Name: 1622 N.E. 4TH STREET Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition BOWDEN, GLORIA Name: Name: Address: 1622 N.E. 4TH STREET Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition TOMBERG, JEFF Name: Name: 626 S.E. 4TH STREET Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: TOMBERG, MARK Name: P.O. BOX 700085 Address: Address: City-St-Zip: WABASSO, FL 32970 City-St-Zip: MGRM Title: () Delete Title: () Change () Addition TOMBERG, LORI Name: Name: P.O. BOX 700085 Address: Address:

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.

City-St-Zip:

SIGNATURE: MICHAEL W. BOWDEN MGRM 02/10/2009