

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Jul 07, 2008 8:00 am
Secretary of State

05-15-2008 90078 014 ***138.75

DOCUMENT # L06000109126																													
1. Entity Name LIME STREET VENTURES, LLC																													
Principal Place of Business 290 NW 165 STREET MIAMI FL 33169 US			Mailing Address P.O. BOX 110448 NAPLES FL 34108 US																										
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 20-5821773 APPLIED FOR <table border="1" style="float: right; margin-left: 10px;"> <tr> <td style="padding: 2px;">Applied For</td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> </tr> </table>		Applied For	Not Applicable																						
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Not Applicable																													
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent																										
FEINSTEIN, MARK 290 NW 165TH STREET MIAMI FL 33169			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 _____ (NOTE: Registered Agent's signature required when transferring) Signature: typed or printed name of registered agent and fee if applicable _____ DATE _____																													
FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">MGRM</td> <td style="width: 20%; text-align: right; padding: 2px;">☐ Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">FEINSTEIN, ERIC</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">P.O. BOX 110448</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td style="padding: 2px;">NAPLES FL 34108</td> <td></td> </tr> </table>			TITLE	MGRM	☐ Delete	NAME	FEINSTEIN, ERIC		STREET ADDRESS	P.O. BOX 110448		CITY- ST- ZIP	NAPLES FL 34108		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; text-align: right; padding: 2px;">☐ Change ☐ Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY- ST- ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY- ST- ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u><i>Mark Feinstein</i></u> 4-15-08 (205) 944-4777 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE																													