


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
1. Mar 03, 2008 8:00 am
Secretary of State

01-23-2008 90022 008 ***138.75

DOCUMENT # L07000033796

1. Entry Name
 32ND STREET HOLDINGS, L.L.C.



Principal Place of Business
 3275 W. OAKLAND PARK BLVD.
 FT. LAUDERDALE, FL 33311

Mailing Address
 3275 W. OAKLAND PARK BLVD.
 FT. LAUDERDALE, FL 33311

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01082008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8780180

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BLOOMGARDEN, PAUL M
 8551 W. SUNRISE BLVD.
 SUITE 208
 FT. LAUDERDALE, FL 33322

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 _____ (NOTE: Registered Agent signature required when reappointing) 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LONSTEIN, ANITA TRUSTEE 3275 W. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THE ANITA LONSTEIN REV. TRUST U/T/D 7/9/96 3275 W. OAKLAND PARK BLVD. FT. LAUDERDALE, FL 33311 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Anita Lonstein* **01-08-08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #