

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000046098

Entity Name: TWENTYNINTH STREET,LLC

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

2908 WHITTINGTON PL  
TAMPA, FL 33618

## New Principal Place of Business:

320 DEBUEL RD  
LUTZ, FL 33549

## Current Mailing Address:

2908 WHITTINGTON PL  
TAMPA, FL 33618

## New Mailing Address:

P.O. BOX 17734  
TAMPA, FL 33682

FEI Number: 30-0168208

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DESAI, NAINAN  
2908 WHITTINGTON PL  
TAMPA, FL 33618 US

## Name and Address of New Registered Agent:

DESAI, NAINAN  
320 DEBUEL RD.  
LUTZ, FL 33549 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: NAINAN DESAI

04/30/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DESAI, NAINAN  
Address: 2908 WHITTINGTON PL  
City-St-Zip: TAMPA, FL 33618

Title: MGR ( ) Delete  
Name: DESAI, DEVYANI  
Address: 2908 WHITTINGTON PL  
City-St-Zip: TAMPA, FL 33618

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: DESAI, NAINAN  
Address: PO BOX 17734  
City-St-Zip: TAMPA, FL 33682

Title: MGR (X) Change ( ) Addition  
Name: DESAI, DEVYANI  
Address: PO BOX 17734  
City-St-Zip: TAMPA, FL 33682

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.

SIGNATURE: NAINAN DESAI

MGR

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date