2008 LIMITED LIABILITY COMPANY ANNUAL REPORT



FILED May 02, 2008 8:00 am Secretary of State

DOCUMENT # L0700064457 1. Entity Name 14TH STREET ENTERTAINMENT LLC					05-02-2008 90015 012 ***138.75				
Principal Place of Business 5055 COLLINS AVE., SUITE 1-F MIAMI BEACH, FL 33140			Mailing Address 5055 COLLINS AVE., SUITE 1-F MIAMI BEACH, FL 33140		6003/303				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04302008	Chg-LLC	CR2E083 (1	12/06)	
City & State		City & State	City & State		4. FEI Number 26-0	378537	2	<u> </u>	plied For t Applicable
Zip	Country	Zip	Country	Country		f Status Desired	Fee F	00 Addi Required	
	6. Name and Address of Cui	rent Registered Agent			7. Name and A	ddress of New R	egistered Agent	<u>t</u>	
CRAIC M. DORNE G.A.				Name					
CRAIG M. DORNE, P.A. 407 LINCOLN ROAD, PENTHOUSE SOUTHEAST MIAMI BEACH, FL 33139			Stre	Street Address (P.O. Box Number is Not Acceptable)					
			City	,			FL 2	Zip Code	•
	named entity submits this statemer	ent for the purpose of changing its	s registered office	ce or register	ed agent, or both	, in the State of Flo	rida. I am famili	ar with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered	agent and title if applicable. (NO	TE: Registered Agent	signisture required	(when reports on)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75									
FILE After May	NOWIII FEE IS \$138.75 7 1, 2008 Fee will be \$53	8.75		·			e check payab Department o		•
FILE After May	/ 1, 2008 Fee will be \$53	8.75 EMBERS/MANAGERS	10.		,		e check payab ı Department d		,
After May	/ 1, 2008 Fee will be \$53				,	Florida	e check payab Department of CHANGES		Addition
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After May O. JILE NAME STREET ADDRESS CITY-SI-ZIP TILE NAME	MANAGING ME MGR MAYO, RODNEY 5055 COLLINS AVE., SUITE MIAMI BEACH, FL 33140 MGR OPHIR, CARMEL	EMBERS/MANAGERS Delete 1-F	10. TITLE NAME STREET ADDR CITY-ST-ZIP	PIESSS		Florida	e check payab Department of CHANGES	of State	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 his report as required by Chapter 608, Florida Statutes.