
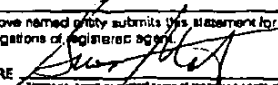
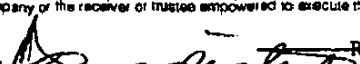


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

<b>DOCUMENT # L07000108103</b> 1. Entity Name 550 NE 20TH LLC			
Principal Place of Business 550 NE 20TH STREET WILTON MANORS, FL 33305		Mailing Address 717 BREAKERS AVE FORT LAUDERDALE, FL 33304	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 227 EAST 56TH STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc. ROOM 400	
City & State		City & State NEW YORK, NY	
Zip	County	Zip 10022	Country USA
4. FEI Number 26-1290958		Applied For Not Applicable	
5. Certificate of Status Desired <b>XX</b> \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent  MARTINO, SUSAN 717 BREAKERS AVE FORT LAUDERDALE, FL 33304		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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  SUSAN MARTINO, <b>MANAGING MEMBER</b> DATE <b>4/24/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
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	<del>MEMBER</del> MANAGING MEMBER <input type="checkbox"/> Delete DEBENEDICTIS, ROBERT N 717 BREAKERS AVE FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MEMBER</del> MANAGING MEMBER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JULIE MARTINO 227 EAST 56TH STREET, ROOM 400 NEW YORK, NY 10022 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>MEMBER</del> MANAGING MEMBER <input type="checkbox"/> Delete MARTINO, SUSAN 717 BREAKERS AVE FORT LAUDERDALE, FL 33304	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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:  ROBERT DEBENEDICTIS		DATE: <b>4/24/08</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>City Daytime Phone #</small>	

30009246



04082008 Chg-LLC CR2E083 (12/06)