

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90051 049 \*\*\*\*50.00

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DOCUMENT # L95000000197			
1. Entity Name 1840 NE 153RD ST., L.C.			
Principal Place of Business 1840 N.E. 153RD ST. NORTH MIAMI BEACH, FL 33162		Mailing Address 1840 N.E. 153RD ST. NORTH MIAMI BEACH, FL 33162	
2. Principal Place of Business 4101 SW 47 AVE Suite, Apt. #, etc. 105 City & State DAVIE, FL		3. Mailing Address 4101 SW 47 AVE Suite, Apt. #, etc. 105 City & State DAVIE, FL	
Zip 33314		Country Broward	
4. FEI Number 65-0606565		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIVAK, MERRILL 1840 NE 153RD ST. NORTH MIAMI BEACH, FL 33162		7. Name and Address of New Registered Agent Name SPIVAK Merrill Street Address (P.O. Box Number is Not Acceptable) 4101 SW 47 AVE #105 City DAVIE FL Zip 33314	
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		DATE	
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIVAK, MERRILL 1840 N.E. 153RD ST. NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPIVAK, MERRILL 4101 SW 47 AVE #105 DAVIE, FL. 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SPIVAK, PHYLLIS 1840 N.E. 153RD ST. NORTH MIAMI BEACH, FL 33162 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPIVAK Phyllis 4101 SW 47 AVE #105 DAVIE, FL. 33314 <input checked="" 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
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 exemption stated in Section 119.07(3)(i), 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:		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	