


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # L96000001101  
 1. Entity Name  
 35 NW 54TH ST, L.C.



Principal Place of Business 419 WEST 49TH STREET #106 HIALEAH, FL 33012-3602	Mailing Address 419 WEST 49TH STREET #106 HIALEAH, FL 33012-3602
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**DO NOT WRITE IN THIS SPACE**



02162005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-0704447	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

7800 NE 2ND AVE, L.C.  
 419 WEST 49TH STREET  
 #106  
 HIALEAH, FL 33012-3602

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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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00 Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, RONALD P 1801 CENTURY PARK EAST #2400 LOS ANGELES, CA 900672326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, JAMES Q 1801 CENTURY PARK EAST #2400 LOS ANGELES, CA 900672326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FISHER, RICHARD J 1801 CENTURY PARK EAST #2400 LOS ANGELES, CA 900672326
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 04/01/05-80065-005 50.00

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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: *James Q Fisher* 3/15/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #