



2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 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, #105 HIALEAH, FL 33012-3602	Mailing Address 419 WEST 49TH STREET, #105 HIALEAH, FL 33012-3602
---	---

DO NOT WRITE IN THIS SPACE



04162008No Chg-LLC CR2E083 (12/07)

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

REAL PROPERTY CARE, INC.
 419 WEST 49TH STREET, #105
 HIALEAH, FL 33012-3602

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$138.75
 After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FISHER, RONALD P 419 WEST 49TH STREET, #105 HIALEAH, FL 330123602
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FISHER, JAMES Q 419 WEST 49TH STREET, #105 HIALEAH, FL 330123602
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR FISHER, RICHARD J 419 WEST 49TH STREET, #105 HIALEAH, FL 330123602
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

DO NOT WRITE IN THIS SPACE

000000929902
 05/21/08-80090-001 138.75

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 this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *James Q. Fisher* JAMES Q. FISHER 4/22/08

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