## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # M0000001538**

1. Entity Name

1864 17TH STREET, SARASOTA, FLORIDA, LLC



Principal Place of Business

C/O URBAN AMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004 Mailing Address

C/O URBAN AMERICA, L.P. 30 Broad Street, 31St floor New York, NY 10004

## FILED May 01, 2007 08:00 AM Secretary of State



04202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4129488 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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	named entity submits this statement for the purpose of changions of registered agent	ing its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE: Registered Ag		(NOTE: Registered Agent signature required when reinstating)	DATE	
F	lling Fee is \$50.00 ue by May 1, 2007			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CHY-SI-ZIP	MGRM 1864 17TH STREET SARASOTA FLORIDA MM, LLC 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004	;	U00000752474 05/21/07-80015-025 55.00 <b>DO NOT WRITE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME				

11. I hereby certify that the information supplied with his filing does no liqualify for the exemptions contained in Chapter 119. Florida Statutes | further certify that the information indicated on this report is true alto accurate and that the 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 repelver or trustee employeed to axecute this report as required by Chapter 608, Florida Statutes

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #