


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 25, 2006 08:00 AM
Secretary of State

| | |
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| DOCUMENT # M00000001539 |  |
| 1. Entity Name 1864 17TH STREET, SARASOTA, FLORIDA MM, LLC | |

| | |
|--|--|
| Principal Place of Business C/O URBANAMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004 | Mailing Address C/O URBANAMERICA, L.P. 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004 |
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DO NOT WRITE IN THIS SPACE



05162006 No Chg-LLC CR2E083 (11/05)

| | |
|--|---------------------------------------|
| 4. FEI Number 13-4129444 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

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

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by September 6, 2006**

| 8. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM URBANAMERICA LP 30 BROAD STREET, 31ST FLOOR NEW YORK, NY 10004 |
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05/25/06-80006-007 55.00

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IN THIS SPACE**

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

Date _____ Daytime Phone # _____