2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M03000002755°

1. Entity Name

SECOND STREET GROUP GP, LLC



Principal Place of Business

5150 OVERLAND AVENUE CULVER CIRTY, CA 90230

Mailing Address

5150 OVERLAND AVENUE CULVER CIRTY, CA 90230

FILED Apr 28, 2008 08:00 AN Secretary of State



01232008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number		
	42-1594743		

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Ager
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FLORIDA FILING & SEARCH SERVICES, INC. 155 OFFICE PLAZA DR. SUITE A

TALLAHASSEE, FL 32301

CITY-S1-ZIP

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

TITLE
NAME
STREET ADDRESS
CITY-S1-ZIP

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ine dengations of registered again.					
SIGNATURE.	Signature, typed or printed name of registered agont and title if applicable	(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	MGR				
NAME	KEST, MICHAEL				
STREET ADDRESS	5150 OVERLAND AVENUE				
CITY-ST-ZIP	CULVER CIRTY, CA 90230				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000929676 05/21/08-80079-006 138.75		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE		
TITLE NAME STREET ADDRESS		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

11. I hereby certify that the information supplied with this filling 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 fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

Second Street 600, LLC

IDE. by Michael Kest Manager

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

4/18/08 (310) 204-2050

Daylime Phone #