2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000008465

Entity Name: 58TH STREET PROPERTIES, INC.

FILED Feb 04, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12202 NORTH 58TH STREET TAMPA, FL 33617

Current Mailing Address: New Mailing Address:

12202 NORTH 58TH STREET TAMPA, FL 33617

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JEFFREY A. DOWD, P.A.
3016 US HIGHWAY 301 N
SUITE 900
TAMPA, FL 33619 US
BEANS, MARK S MR.
311 S. GLEN ARVEN AVE
TAMPA, FL 33617 US

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.

SIGNATURE: MARK S. BEANS 02/04/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete WININGER, GREG WINTON, LAWSON Name: Name: 12202 NORTH 58TH STREET Address: 12202 NORTH 58TH STREET Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: TAMPA, FL 33617 Title: SD () Delete Title: () Change () Addition WALLACE, BARRY Name: Name: Address: 12202 NORTH 58TH STREET Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: Title: () Delete Title: () Change () Addition GLASS, CHARLES Name: Name: 12202 NORTH 58TH STREET Address: Address: City-St-Zip: TAMPA, FL 33617 City-St-Zip: Title: () Delete Title: TR () Change (X) Addition Name: Name: ROBIN, SHANE 12202 NORTH 58TH STREET Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33617 Title: () Delete Title: () Change (X) Addition CERASI, DAVID Name: Name: 12202 NORTH 58TH STREET Address: Address: City-St-Zip: City-St-Zip: TAMPA, FL 33617 Title: () Delete Title: () Change (X) Addition WARNER, GUY Name: Name: 12202 NORTH 58TH STREET Address: Address: TAMPA, FL 33617 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY L. WALLACE SD 02/04/2006