

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012148

FILED  
Jul 09, 2004  
Secretary of State

Entity Name: 36TH STREET ASSOCIATES, LLC

**Current Principal Place of Business:**

2420 FIRST UNION FINANCIAL CENTER  
200 SOUTH BISCAYNE BLVD.  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

200 S BISCAYNE BLVD  
3000  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 02-0651248      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MELAND, RUSSIN, HELLINGER & BUDWICK P.A.  
200 S BISCAYNE BLVD  
3000 WACHOVIA FINANCIAL CENTER  
MIAMI, FL 33131

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MELAND, MARK S  
Address: 200 S BISCAYNE BLVD., #3000  
City-St-Zip: MIAMI, FL 33131

Title: MGRM ( ) Delete  
Name: LEMLORD, DAVID  
Address: 200 S BISCAYNE BLVD., #3000  
City-St-Zip: MIAMI, FL 33131

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK MELAND

MGR

07/09/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date