

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90299 026 ****50.00

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1. Entity Name
 539 37TH STREET, LLC

Principal Place of Business
 941 LAUREL ROAD
 NORTH PALM BEACH, FL 33408

Mailing Address
 941 LAUREL ROAD
 NORTH PALM BEACH, FL 33408

20025575



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03292006 Chg-LLC CR2E083 (11/05)

City & State

City & State

4. FEI Number

20-0895769

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CONSIDINE, JOSEPH M
 545 NORTH FLAGLER DRIVE, SUITE 702
 WEST PALM BEACH, FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

5201 Village Blvd., Suite C

City WEST PALM BEACH FL

Zip Code 33407

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
MGR	HAMILTON, HARRY JR.	941 LAUREL ROAD	NORTH PALM BEACH, FL 33408				

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-22-06 561-776-9295