



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5. **FILED**
Aug 21, 2006 8:00 am
Secretary of State

05-08-2006 90033 034 ****55.00

| | | | |
|--|--|---|---|
| DOCUMENT # L05000054856 | |  | |
| 1. Entity Name 55TH STREET APARTMENTS, LLC | | | |
| Principal Place of Business 10210 NORTH MIAMI AVENUE MIAMI SHORES, FL 33150 | | Mailing Address 10210 NORTH MIAMI AVENUE MIAMI SHORES, FL 33150 | |
| 2. Principal Place of Business | | 3. Mailing Address PO Box 531429 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State MIAMI SHORES FL | |
| Zip | Country | Zip | Country |
| | 33153 | | USA |
| 4. FEJ Number 83-0459683 | | 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 | | 7. Name and Address of New Registered Agent | |
| GOLDEN, RICHARD A ESQ. 12000 BISCAYNE BLVD. 500 NORTH MIAMI, FL 33181 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required only if transferring)</small> | | | |
| 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 | MGRM PUMA, LAWRENCE D 10210 NORTH MIAMI AVENUE MIAMI SHORES, FL 33150 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:  | | Date: 4-18-06 Phone #: 305-751-8947 | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | <small>Date Daytime Phone #</small> | |