

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000018296

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** 915, LLC

**Current Principal Place of Business:**

915 DUVAL STREET  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

915 DUVAL STREET  
KEY WEST, FL 33040

**New Mailing Address:**

**FEI Number:** 22-3863969      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

KLITENICK, RICHARD M ESQ  
1009 SIMONTON STREET  
KEY WEST, FL 33040 US

**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: GREENE, SIOBHAN  
Address: 915 DUVAL STREET  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM ( ) Delete  
Name: KEMP, STUART J  
Address: 915 DUVAL STREET  
City-St-Zip: KEY WEST, FL 33040

**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: SIOBHAN J GREENE

MGR

04/26/2005

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