


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 23, 2006 8:00 am
Secretary of State

07-25-2006 90085 007 ****50.00

DOCUMENT # L02000018296
 1. Entity Name
 915, LLC



Principal Place of Business
 915 DUVAL STREET
 KEY WEST, FL 33040

Mailing Address
 915 DUVAL STREET
 KEY WEST, FL 33040

DO NOT WRITE IN THIS SPACE



07112006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
 22-3863969

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 KLITENICK, RICHARD M ESQ
 1009 SIMONTON STREET
 KEY WEST, FL 33040

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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 hereby withdrawing and accepting the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-appointing) DATE _____

Filing Fee is \$50.00
Due by September 5, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	GREENE, SIOBHAN
STREET ADDRESS	915 DUVAL STREET
CITY-STATE-ZIP	KEY WEST, FL 33040
TITLE	MGRM
NAME	KEMP, STUART J
STREET ADDRESS	915 DUVAL STREET
CITY-STATE-ZIP	KEY WEST, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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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 trustee or trustee empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: Stuart Kemp **STUART KEMP** 08-09-06 305 304 6888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Telephone #