


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000024965</b> 1. Entity Name 914 FRANCES, LLC	
--	---

Principal Place of Business 1201 OLIVIA STREET KEY WEST FL 33040	Mailing Address PO BOX 4559 KEY WEST FL 33041
--	---



2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

1st MOORE CR2E083 (10/06)

City & State  Zip	City & State  Zip	4. FEI Number 20-0091220	Applied For <input type="checkbox"/> Not Applicable
-------------------------	-------------------------	-----------------------------	--

6. Name and Address of Current Registered Agent  SCHEUERMAN, KARL 1201 OLIVIA STREET KEY WEST FL 33040	7. Name and Address of New Registered Agent  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME BRINGLE, STEVE STREET ADDRESS 19 AMARYLLIS DRIVE CITY-STATE-ZIP KEY WEST FL 33040	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP  U00000643650 03/02/07-80010-024 50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-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 Section 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 #