

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**


05-01-2006 90073 003 \*\*\*\*50.00

**2006 LIMITED LIABILITY COMPANY  
 ANNUAL REPORT**

20041198

**DOCUMENT # L04000044053**

1. Entity Name  
 630 SOUTH, LLC



Principal Place of Business  
 115 FRONT STREET, UNIT 204  
 KEY WEST, FL 33040

Mailing Address  
 115 FRONT STREET, UNIT 204  
 KEY WEST, FL 33040

2. Principal Place of Business  
 5055 N. A1A  
 Suite, Apt. #, etc.

3. Mailing Address  
 5055 N. A1A  
 Suite, Apt. #, etc.



04112006 Chg-LLC CR2E083 (11/05)

City & State  
 Vero Beach, FL

City & State  
 Vero Beach, FL

Zip  
 32963

Country  
 US

Zip  
 32963

Country  
 US

4. FEI Number  
 20-1448510

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

GUTTENMACHER, EDWARD P  
 2600 DOUGLAS ROAD, PENTHOUSE 8  
 CORAL GABLES, FL 33134

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: *Murphy* DATE: 4/28/06

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when transferring)

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

Make check payable to  
 Florida Department of State

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MURPHY, SUSAN 115 FRONT STREET, UNIT 204 KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MURPHY, MICHAEL 115 FRONT STREET, UNIT 204 KEY WEST, FL 33040 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → 5055 N. A1A Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition → 5055 N. A1A Vero Beach, FL 32963
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Murphy* DATE: 4/28/06 772-532-7434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE