

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000042403



1. Entity Name
 203 WEST 14TH STREET LIMITED LIABILITY COMPANY

Principal Place of Business: 1338 N.W. 100TH TERRACE GAINESVILLE FL 32606
 Mailing Address: 1338 N.W. 100TH TERRACE GAINESVILLE FL 32606



1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FEI Number		5. Certificate of Status Desired	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		14-1927589		<input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State		Applicable For		Not Applicable	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
BOVAY, JOHN C 901 N.W. 57TH STREET GAINESVILLE FL 32605				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL	Zip Code

B. 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: _____
Signature typed or printed name of registered agent and fee filer (optional) (NOTE: Registered Agent's signature required when reappointing)

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, FAYE J	NAME		NAME		NAME	
STREET ADDRESS	1338 NW 100TH TERRACE	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32606	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

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: Faye Richter, Managing Member
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE