


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000077029
 1. Entity Name
 2209 WEST 21ST STREET LLC



Principal Place of Business 1012 MINNESOTA AVENUE LYNN HAVEN, FL 32444	Mailing Address 1012 MINNESOTA AVENUE LYNN HAVEN, FL 32444
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DO NOT WRITE IN THIS SPACE



03042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3093299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MURPHY, SUSAN
 1012 MINNESOTA AVENUE
 LYNN HAVEN, FL 32444

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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 familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

B. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MURPHY, SUSAN 1012 MINNESOTA AVENUE LYNN HAVEN, FL 32444
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 05/14/07-80016-006 50.00

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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Susan Murphy **4/15/2007** **850 271-3566**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #