

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031426

FILED  
Aug 23, 2008  
Secretary of State

Entity Name: 1621 SUNSHINE AVENUE LLC

**Current Principal Place of Business:**

1621 SUNSHINE AVE.  
KEY WEST, FL 33040 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1146  
KEY WEST, FL 33041 US

**New Mailing Address:**

FEI Number: 20-8347681      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NICHOLS, JAMES A  
522 SOUTHARD STREET  
KEY WEST, FL 33040 US

**Name and Address of New Registered Agent:**

NICHOLS, JAMES A  
1314 ATLANTIC DR.  
KEY WEST, FL 33040 US

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.

SIGNATURE: \_\_\_\_\_

08/23/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ATLANTIC AVENUE DEVE, LOPMENT  
Address: PO BOX 1146  
City-St-Zip: KEY WEST, FL 33041 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES A. NICHOLS

MGRM

08/23/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date