# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 25, 2004 8:00 am**
**Secretary of State**
05-04-2004 90025 035 ****50.00

DOCUMENT # L01000008900

1. Entity Name
1103/1105 WHITEHEAD STREET, L.L.C.

| Principal Place of Business | Mailing Address |
|---|---|
| 419 AMELIA STREET<br>KEY WEST, FL 33040 | 419 AMELIA STREET<br>KEY WEST, FL 33040 |

**DO NOT WRITE IN THIS SPACE**

04282004No Chg-LLC CR2E083 (10/03)

4. FEI Number
65-1107903
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BROWNING, MICHAEL L
402 APPELROUTH LANE
KEY WEST, FL 33040

**DO NOT WRITE IN THIS SPACE**

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

**Filing Fee is $50.00**
**Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGR |
| NAME | MARRERO, ROBERT G |
| STREET ADDRESS | 419 AMELIA STREET |
| CITY-ST-ZIP | KEY WEST, FL |
| TITLE | |
| NAME | |
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| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** Robert Marrero Robert Marrero (MGR.) 5/18/04 (305) 294-5269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #