

**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 419 AMELIA STREET KEY WEST, FL 33040	Mailing Address 419 AMELIA STREET KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



04262004 No 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) **DATE** _____

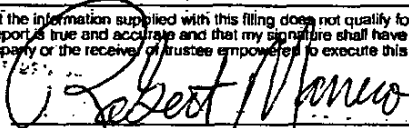
**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARRERO, ROBERT G 419 AMELIA STREET KEY WEST, FL
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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 808, Florida Statutes.

SIGNATURE:  Robert Marrero **5/18/04 (305) 294-5269**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE (MGR) - Date Daytime Phone