2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000001801

1. Entity Name CHURCH STREET, LLC

FILED Jan 18, 2008 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

303 BLUE LAKÉ RD.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

BLUE MOUNTAIN BEACH, FL 32459

P.O. BOX 2115

SANTA ROSA BEACH, FL 32459



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE

Applied For

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

O'BRIEN, EDWARD JOHN JR. 303 BLUE LAKE RD. BLUE MOUNTAIN BEACH, FL 32459

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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.	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			U00000789939 01/23/08-80014-012 138.79
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM		
NAME	O'BRIEN, EDWARD JOHN JR.		
STREET ADDRESS	303 BLUE LAKE RD.		
CITY-ST-ZIP	BLUE MOUNTAIN BEACH, FL 32459		
TITLE	MGRM		
NAME	O'BRIEN, ELIZABETH		
STREET ADDRESS	303 BLUE LAKE RD.	1	
CITY-ST-ZIP	BLUE MOUNTAIN BEACH, FL 32459		
FITLE	MGRM		·
NAME	BURCH, R. STEVEN		•
STREET ADDRESS	30 READY AVE.	l no	NOT WRITE
CITY-ST-ZIP	FT. WALTON BEACH, FL 32548		NOT WINTE
TITLE		INI '	THIS SPACE
NAME		1 "	
STREET ADDRESS		,	
CITY-ST-ZIP			

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 AND TYPED OR CONTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

16.08