


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000029227

1. Entity Name
 1007 TRUMAN AVENUE, L.L.C.



Principal Place of Business 1007 B. TRUMAN AVENUE KEY WEST, FL 33040	Mailing Address 1007 B. TRUMAN AVENUE KEY WEST, FL 33040
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 57-1136220	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

MIANI, DONNA E
 1007 B. TRUMAN AVENUE
 KEY WEST, FL 33040

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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: Donna E. Miani 1-11-2005
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2005**

U00000187107
 01/21/05 00000 004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MIANI, PHILLIP N 1007 B. TRUMAN AVENUE KEY WEST, FL 33040
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MIANI, DONNA E 1007 B. TRUMAN AVENUE KEY WEST, FL 33040
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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)(f), 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: Donna E. Miani 1-11-2005 305-276-1979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #