

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0000681

DOCUMENT # L02000029227

1. Entity Name

1007 TRUMAN AVENUE, L.L.C.



FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

Mailing Address

1007 B. TRUMAN AVENUE
KEY WEST FL 33040

1007 B. TRUMAN AVENUE
KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

57-113620

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOHATCH, JOHN S ESQUIRE
2600 DOUGLAS ROAD, PH-8
CORAL GABLES FL 33134

Name Donna E. Miani

Street Address (P.O. Box Number is Not Acceptable)

1007 B. Truman Avenue

City Key West

FL

Zip Code 33040

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 Donna E Miani

(NOTE: Registered Agent signature required when reinstating)

DATE

10-21-03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MIANI, PHILLIP N
STREET ADDRESS 1007 B. TRUMAN AVENUE
CITY-ST-ZIP KEY WEST FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR
NAME MIANI, DONNA E
STREET ADDRESS 1007 B. TRUMAN AVENUE
CITY-ST-ZIP KEY WEST FL 33040

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CITY-ST-ZIP

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: DONNA E MIANI

9-3-03

305-296-1979

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/03)