


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000000345 1. Entity Name 656 BROADWAY, L.L.C.	
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Principal Place of Business 413 GRANT STREET DUNEDIN, FL	Mailing Address 413 GRANT STREET DUNEDIN, FL
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01252005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1672053	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

8. Name and Address of Current Registered Agent CAREY, CLARK W 413 GRANT ST DUNEDIN, FL 34698
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM CAREY, CLARK W 413 GRANT ST DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM DIXON, ANDREA J 413 GRANT ST DUNEDIN, FL 34698
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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: *Clark W. Carey* CLARK W. CAREY *Andrea J. Dixon* ANDREA J. DIXON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/26/05 } *727-736-9131*
Date Daytime Phone #