

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # L03000000345**

1. Entity Name  
**656 BROADWAY, L.L.C.**



Principal Place of Business

**413 GRANT STREET  
DUNEDIN, FL**

Mailing Address

**413 GRANT STREET  
DUNEDIN, FL**

**DO NOT WRITE IN THIS SPACE**



01092007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**06-1672053**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CAREY, CLARK W  
413 GRANT ST  
DUNEDIN, FL 34698**

**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 reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

000000585268  
01/16/07-80004-018 50.00

9. **MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	CAREY, CLARK W
STREET ADDRESS	413 GRANT ST
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	MGRM
NAME	DIXON, ANDREA J
STREET ADDRESS	413 GRANT ST
CITY- ST- ZIP	DUNEDIN, FL 34698
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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IN THIS SPACE**

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:**

*Clark W. Carey*  
*Andrea J. Dixon*

*1/10/07*

*727-736-9131*

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

Date

Daytime Phone #

**CLARK W. CAREY  
ANDREA J. DIXON**