

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000047747**

1. Entity Name  
 812 NO. 6 FLEMING STREET, LLC



Principal Place of Business  
 1717 GEORGE STREET  
 KEY WEST, FL 33040

Mailing Address  
 1717 GEORGE STREET  
 KEY WEST, FL 33040



02082006 No Chg-LLC

CR2E093 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 NOT APPLICABLE

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

FRANK, NANCE  
 1717 GEORGE STREET  
 KEY WEST, FL 33040

**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, 2006**

U00000441011  
 03/03/06-80018-024 50.00

9. MANAGING MEMBERS/MANAGERS

|                |                    |
|----------------|--------------------|
| TITLE          | MGR                |
| NAME           | FRANK, NANCE       |
| STREET ADDRESS | 1717 GEORGE STREET |
| CITY-ST-ZIP    | KEY WEST, FL 33040 |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |
| TITLE          |                    |
| NAME           |                    |
| STREET ADDRESS |                    |
| CITY-ST-ZIP    |                    |

**DO NOT WRITE  
 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: \_\_\_\_\_

*[Handwritten Signature]*

*2/16/06 294-1669*