

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051824

Entity Name: 930 CATHERINE STREET, L.L.C.

FILED
Apr 13, 2007
Secretary of State

Current Principal Place of Business:

402 APPELROUTH LANE
KEY WEST, FL 33040

New Principal Place of Business:

930 CATHERINE STREET
KEY WEST, FL 33040

Current Mailing Address:

402 APPELROUTH LANE
KEY WEST, FL 33040

New Mailing Address:

930 CATHERINE STREET
KEY WEST, FL 33040

FEI Number: 65-0810814

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWNING, MICHAEL L ESQUIRE
402 APPELROUTH LANE
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

BROWNING, MICHAEL L ESQUIRE
529 WHITEHEAD STREET
KEY WEST, FL 33040 US

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.

SIGNATURE: MICHAEL L. BROWNING

04/13/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHIELD, DAVID M
Address: 1215 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040

Title: MGR () Delete
Name: NEW MOON MANAGEMENT, GROUP, INC.
Address: 402 APPELROUTH LANE
City-St-Zip: KEY WEST, FL 33040

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: NEW MOON MANAGEMENT, GROUP, INC.
Address: 529 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID M. SHIELD

MGR

04/13/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date