

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051824

FILED
Mar 12, 2008
Secretary of State

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

Current Principal Place of Business:

930 CATHERINE STREET
KEY WEST, FL 33040

New Principal Place of Business:

Current Mailing Address:

930 CATHERINE STREET
KEY WEST, FL 33040

New Mailing Address:

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
529 WHITEHEAD STREET
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

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:

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: 529 WHITEHEAD STREET
City-St-Zip: KEY WEST, FL 33040

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: SHIELD, LINDA M
Address: 827 EISENHOWER DRIVE
City-St-Zip: KEY WEST, FL 33040 US

I hereby certify that the information supplied with this filing does not qualify 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

03/12/2008

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