

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000003354

FILED  
May 11, 2009  
Secretary of State

**Entity Name:** AFFILIATED DESIGN & CONSTRUCTION MANAGERS, LLC

**Current Principal Place of Business:**

2720 FLAGLER AVENUE  
KEY WEST, FL 33040

**New Principal Place of Business:**

1503 WASHINGTON STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

PO BOX 5882  
KEY WEST, FL 33045

**New Mailing Address:**

FEI Number: 20-0610553      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CASTILLO, DAR  
1503 WASHINGTON ST  
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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CASTILLO, DAR  
Address: 1503 WASHINGTON ST  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM      ( ) Delete  
Name: JOHNSTON, TERI  
Address: 1503 WASHINGTON ST  
City-St-Zip: KEY WEST, FL 33040

**ADDITIONS/CHANGES:**

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

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

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: DAR CASTILLO

OWNE

05/11/2009

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