

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026285

Entity Name: 720 SIMONTON, LLC

FILED  
Apr 27, 2005  
Secretary of State

## Current Principal Place of Business:

310 AMELIA STREET  
KEY WEST, FL 33040

## New Principal Place of Business:

1009 SIMONTON ST  
KEY WEST, FL 33040

## Current Mailing Address:

310 AMELIA STREET  
KEY WEST, FL 33040

## New Mailing Address:

1009 SIMONTON ST  
KEY WEST, FL 33040

FEI Number: 20-1027193

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURCHFIELD, GARY  
310 AMELIA STREET  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

DUNN, DENISE J  
302 SOUTHARD ST  
207  
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: DENISE DUNN

04/27/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: BURCHFIELD, GARY  
Address: 310 AMELIA STREET  
City-St-Zip: KEY WEST, FL 33040

Title: MGR ( ) Delete  
Name: MARCUS, BARBARA  
Address: 720 WASHINGTON STREET  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: BURCHFIELD, GARY  
Address: 12 EVERGREEN AVE  
City-St-Zip: KEY WEST, FL 33040

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENISE DUNN

RA

04/27/2005

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