

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000031021

Entity Name: 1314 NEWTON, LLC

FILED
Apr 28, 2008
Secretary of State

Current Principal Place of Business:

1009 SIMONTON STREET
3
KEY WEST, FL 33040 US

New Principal Place of Business:

800 SIMONTON STREET
KEY WEST, FL 33040 US

Current Mailing Address:

1009 SIMONTON STREET
3
KEY WEST, FL 33040 US

New Mailing Address:

800 SIMONTON STREET
KEY WEST, FL 33040 US

FEI Number: 20-1146992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURCHFIELD, GARY
1009 SIMONTON ST
3
KEY WEST, FL 33040 US

Name and Address of New Registered Agent:

BURCHFIELD, GARY
800 SIMONTON 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:

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BURCHFIELD, GARY
Address: 1009 SIMONTON ST
City-St-Zip: KEY WEST, FL 33040 US

Title: MGR () Delete
Name: BURCHFIELD, DEBORAH
Address: 1009 SIMONTON STREET
City-St-Zip: KEY WEST, FL 33040 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BURCHFIELD, GARY
Address: 800 SIMONTON ST
City-St-Zip: KEY WEST, FL 33040 US

Title: MGR (X) Change () Addition
Name: BURCHFIELD, DEBORAH
Address: 800 SIMONTON STREET
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: BURCHFIELD, MENDES

MGR

04/28/2008

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