

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000044053

Entity Name: 630 SOUTH, LLC

FILED  
May 19, 2005  
Secretary of State

**Current Principal Place of Business:**

115 FRONT STREET, UNIT 204  
KEY WEST, FL 33040

**New Principal Place of Business:**

**Current Mailing Address:**

115 FRONT STREET, UNIT 204  
KEY WEST, FL 33040

**New Mailing Address:**

FEI Number: 20-1449510      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:**

GUTTENMACHER, EDWARD P  
2600 DOUGLAS ROAD, PENTHOUSE 8  
CORAL GABLES, FL 33134      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/MEMBERS:**

Title: MGRM      ( ) Delete  
Name: MURPHY, SUSAN  
Address: 115 FRONT STREET, UNIT 204  
City-St-Zip: KEY WEST, FL 33040

Title: MGRM      ( ) Delete  
Name: MURPHY, MICHAEL  
Address: 115 FRONT STREET, UNIT 204  
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 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: SUSAN MURPHY

OWNE

05/19/2005

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